CORP ANDU	ROFIT PORATION AL REPORT 996	4-24	Sandra Secreta	RIMENT OF STATE B. Mortham ary of State CORPORATIONS	0				
วดย์บพ	MENT # 55360	_	(0)	7331					
Corporation h . וואודדה	CRANE SERVICES, INC.		<b>(</b> • <b>/</b> •						
ONITED	Olaric Office of High								
rincipal Place c	of Business	Maling	g Address			I IMBIMI BISDI DILIDO ILLID BILIS DE	(II <b>1181 B)</b> (11	ACEST AIRES BIGGE	INST ANDRE CONT
56 CORYDON MAMI SPRING			Corydon dr (Mi Springs FL 33	1166					
MINIMI SCHIR	33 11 30100				ļ	3. Date Incorporated or Qualified 09/22/1977	<b>3a</b> . D	ate of Last Re 04/06/199	5
. Principal Plac	ce of Business	h 1	ailing Address			4. FEI Number		<u> </u>	pplied For ot Applicable
Suite, Apt. #	, etc.	<u></u> —-¬	iite, Apt. #. etc.		-	59-1770266  5. Certificate of Status Desired		\$8.75	Additional equired
City & State		27 Ci	ty & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country 25	Zı;	P	Country 30		This corporation has liability for Florida Statutes	s 🔲 No		199.032,
	9. Name and Address of Currer		ed Agent	81 Nam		10. Name and Address of New	Register	ed Agent	
MILLOO	ON,FRANCIS H., JR.					ss (P.O. Box Number is Not Accept	able)		
	EAN LANE DR. 307 W			102 0000					
, , , , , , ,	ENN LANC DIL SOL II								
PLAZA 7	7000 - Penthouse e			83					Code
PLAZA 7 SOUTH	7000 - PENTHOUSE E MIAMI FL 33147	207 d	EOG Florid, Ctory	84 City		and a desire that extraored for the c	umose of	changing its re	Code
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14. If do hereby certify that the information supplied with this filing is voluntarily turnshed and does not dually for the excition in stated in Section. He of O(t). I foliate states that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an office, or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or flock 13 if changett, or or an all achimient with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

3-27-96 Dayto-Flore #