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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **553604**

(0)

UNITED CRANE SERVICES, INC.

Principal Place of Business Mailing Address 56 CORYDON DR 56 CORYDON DR MIAMI SPRINGS FL 33168 MIAMI SPRINGS FL 33188-5051 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1996 09/22/1977 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1770266 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip B. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MULDOON, FRANCIS H., JR. 155 OCEAN LANE DR. 307 W Street Address (P.O. Box Number is Not Acceptable) PLAZA 7000 - PENTHOUSE E 63 SOUTH MIAMI FL 33147 City R4 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Significant type dioriprinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)PD Change Addition DELETE 1.1 TITLE TITLE HOERSCH, JACK NAMI 1.2 NAME CR2E034 433 S. POINCIANA BLVD. STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL 1.4 CITY-ST-ZIP CITY - \$1 - 21F DELETE Change Addition TILLE 21 TITLE HOERSCH, JACK NAME 22 NAME 433 S. POINCIANA BLVD 2.3 STREET ADDRESS STREET ADDRESS HOMESTEAD FL 2. 4 CITY-ST-ZIP CHTY - ST - ZiE DELETE 3 1 TITLE Change Addition THE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZIF DELETE Change Addition 4.1 THLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST 2IF DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST- ZIP CITY-ST-7IP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAM **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 officer 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 Block 13 if changed, or on an attachment with an address.

WALK D. HOERSCH PRO 3-2-97