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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768555** (5)
1. Corporation Name
CENTRAL FLORIDA EQUIPMENT RENTAL ASSOCIATION, IN C.



Principal Place of Business Mailing Address
**2920 E ROBINSON
ORLANDO FL 32803
US** **2920 E ROBINSON
ORLANDO FL 32803-5830
US**

3. Date Incorporated or Qualified **05/20/1983** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2458535 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAUBACH, TIMOTHY C.
600 N. HIGHLAND AVE. SUITE 204
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SETTLE, ROBERT R	
STREET ADDRESS	2920 E ROBINSON	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, GARY	
STREET ADDRESS	3801 HWY 19A	
CITY - ST - ZIP	MT DORA FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SETTLE, BOB	
STREET ADDRESS	2920 E RIBINSON	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, BOB	
STREET ADDRESS	6444 E COLONIAL DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LASSETER, KEN	
STREET ADDRESS	2035 BRUTON BLVD	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAMM, JIM	
STREET ADDRESS	2108 FRANKLIN DR	
CITY - ST - ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 (407) 894-3861
Daytime Phone # 0016387

CR2E037 (9/96)