


1-00-48 D-1148 - C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F26554 (8) 1. Corporation Name NEFF ENTERPRISES CORPORATION			
Principal Place of Business 3655 SO. SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448 US		Mailing Address 3655 SO. SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent NEFF, STEVEN B 11678 WEST TIMBERLANE DR HOMOSASSA SPRINGS FL 34448		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 duties of a registered agent of Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> Signature of typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	NEFF, STEVEN B.	1.2 NAME	
STREET ADDRESS	11678 W TIMBERLANE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	NEFF, JEREMY S.	2.2 NAME	
STREET ADDRESS	11678 W TIMBERLANE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I 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.			
SIGNATURE: <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>		1/27/98 352-628-3552	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1981	
4. FEI Number 59-2075449	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)