


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004942 (8)**
1. Corporation Name
ANTHONY CRANE RENTAL, INC.



Principal Place of Business 1165 CAMP HOLLOW ROAD WEST MIFFLIN PA 15122	Mailing Address 1165 CAMP HOLLOW ROAD WEST MIFFLIN PA 15122
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1994	
21	26	4. FEI Number 25-1251095		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23	28	Zip		Country	
24	25	29	30		

9. Name and Address of Current Registered Agent
**MEARS, GREGORY L
3800 POWERLINE ROAD
POMPANO BEACH FL 33075**

10. Name and Address of New Registered Agent

81 Name BARRY ASSAD	85 Zip Code 33075
82 Street Address (P.O. Box Number is Not Acceptable) 3800 N. POWERLINE ROAD	
83	
84 City POMPANO BEACH	85 State 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Barry Assad*
Signature, typed or printed name of registered agent and title if applicable **BARRY ASSAD** (NOTE: Registered Agent signature required when reinstating) DATE **3/2/98**

12. OFFICERS AND DIRECTORS		
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ANTHONY, RAY G	
STREET ADDRESS	301 MEADOWLARK DR.	
CITY-ST-ZIP	UNIONTOWN PA 15401	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MAHOKEY, DAVID W	
STREET ADDRESS	B18 DOGWOOD DR.	
CITY-ST-ZIP	DUNBAR PA 15431	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ANTHONY, SAMUEL R	
STREET ADDRESS	1165 CAMP HOLLOW RD.	
CITY-ST-ZIP	WEST MIFFLIN PA 15122	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ANTHONY, MARIAM	
STREET ADDRESS	1165 CAMP HOLLOW RD.	
CITY-ST-ZIP	WEST MIFFLIN PA 15122	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOVE, ALBERT C	
STREET ADDRESS	1165 CAMP HOLLOW RD.	
CITY-ST-ZIP	WEST MIFFLIN PA 15122	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 *David W. Mahokey* 3/2/98

CR2E034 (10/97)