

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H10432** (3)
1. Corporation Name
ZELLER EQUIPMENT RENTAL, INC.



Principal Place of Business: **1895 N.E. 154 TERRACE NORTH MIAMI BEACH FL 33162**
Mailing Address: **1895 N.E. 154 TERRACE NORTH MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified: **07/02/1984**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-2424084**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 State, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24
25
2a. Mailing Address
26 State, Apt. #, etc.:
27 City & State:
28 Zip: Country:
29
30

9. Name and Address of Current Registered Agent
**ALMA L. ZELLER
1895 N.E. 154 TERRACE
NORTH MIAMI BEACH FL 33162**
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 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: _____ DATE: _____
Signature typed or printed name of registered agent and the corporation. (None) Registered Agent signature required when first filing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ZELLER, ALMA L. 1895 N.E. 154 TERRACE NORTH MIAMI BCH. FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAMS, CHARLES P. 1895 N.E. 154 TERRACE NORTH MIAMI BCH. FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Alma L. Zeller* **ALMA L. ZELLER** PRESIDENT 01-24-96 (305) 625-9086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)