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**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33162-6049**

3. Date Incorporated or Qualified: **07/02/1984**
3a. Date of Last Report: **02/01/1996**

21. Principal Place of Business	26. Mailing Address	4. FEI Number: 59-2424084	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	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		10. Name and Address of New Registered Agent	
ALMA L. ZELLER 1895 N.E. 154 TERRACE NORTH MIAMI BEACH FL 33162		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL B5. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ZELLER, ALMA L.		1.2 NAME	
STREET ADDRESS: 1895 N.E. 154 TERRACE		1.3 STREET ADDRESS	
CITY - ST - ZIP: NORTH MIAMI BCH. FL		1.4 CITY - ST - ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WILLIAMS, CHARLES P.		2.2 NAME	
STREET ADDRESS: 1895 N.E. 154 TERRACE		2.3 STREET ADDRESS	
CITY - ST - ZIP: NORTH MIAMI BCH. FL		2.4 CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY - ST - ZIP:		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 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** 01-13-97 (305) 354-7037

CR2E034 (9/96)