SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUG 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J30683** (3)

1. Corporation Name
CHRIS CRANE RENTAL, INC.

Principal Place of Business
C/O D. MARK PAYNE
6950 CYPRESS ROAD, SUITE 101
PLANTATION FL 33317

Mailing Address
C/O D. MARK PAYNE
6950 CYPRESS ROAD, SUITE 101
PLANTATION FL 33317

3. Date Incorporated or Qualified: **08/19/1986**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21 Chris Ten Broeck
22 Suite, Apt #, etc: 1901 SW 115 Ave
23 City & State: Davie, Fla.
24 Zip: 33325
25 Country: USA

2a. Mailing Address: Chris Ten Broeck
26 1901 SW 115 Ave.
27 Suite, Apt #, etc
28 City & State: Davie, Fla
29 Zip: 33325
30 Country

4. FEI Number: **59-2723939** — 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

9. **Name and Address of Current Registered Agent**
PAYNE, D. MARK
6950 CYPRESS ROAD, SUITE 101
PLANTATION FL 33317

10. **Name and Address of New Registered Agent**
31 Name: Chris Ten Broeck
32 Street Address (P.O. Box Number is Not Acceptable): 1901 S.W. 115 Ave
33
34 City: Davie FL 85 Zip Code: 33325

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: Chris Ten Broeck — 8/6/96
(TYPE OR PRINT NAME OF PERSON SIGNING ABOVE) (NOTE: Registered Agent signature required when name is changed) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	TENBROECK, CHRIS	
STREET ADDRESS	1901 S.W. 115TH AVE.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☐ Addition
1.2 NAME	Ten Broeck Chris	
1.3 STREET ADDRESS	1901 S.W. 115 Ave	
1.4 CITY-ST-ZIP	Davie, Fla. 33325	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	200001910282	☐ Change ☐ Addition
6.2 NAME	-08/01/96--01015--037	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(n), 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: Chris Ten Broeck — 7/15/96 — 954-474-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #