

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

**APPROVED AND FILED**

**95 APR 20 AM 9:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J41766 (3)**

**1. Corporation Name  
CHUCK'S EQUIPMENT RENTALS, INC.**

DO NOT WRITE IN THIS SPACE.

**Principal Place of Business**  
7350 NW 77 ST  
#52  
MIAMI FL 33166  
US

**Mailing Address**  
P.O. BOX 680344  
MIAMI SPRINGS FL 33266-7344  
US

**3. Date Incorporated or Qualified** 11/04/1986  
**3a. Date of Last Report** 04/22/1994

**2. Principal Place of Business**  
21 7350 NW 77 ST  
Suite, Apt. #, etc. N/A  
22  
City & State MIAMI FL  
23  
Zip 33166 Country DADE  
24

**2a. Mailing Address**  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

**4. FEI Number** 59-2719000  
**Applied For** Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Election Campaign Financing**  \$5.00 May Be Added to Fees

**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**  
TURK, RICHARD E.  
7350 NW 77TH ST.  
MEDLEY FL 33166

**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** *Richard Turk* **RICHARD TURK** 4-14-95  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TURK, ABNER, I.
STREET ADDRESS	7350 NW 77TH ST.
CITY - ST - ZIP	MEDLEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TURK, ABNER I.	
1.3 STREET ADDRESS	7350 NW 77 ST	
1.4 CITY - ST - ZIP	MIAMI, FL 33166	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD TURK	
2.3 STREET ADDRESS	7350 NW 77 ST	
2.4 CITY - ST - ZIP	MIAMI, FL 33166	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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:** *Richard Turk* **RICHARD TURK** 4-14-95 888-4123  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer/Trustee #