

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

FILED
Mar 19 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 # K54671 (8)
 1. Corporation Name
NEFF RENTAL, INC.



Principal Place of Business
**8600 NW 36TH ST.
 8TH FLOOR
 MIAMI FL 33166
 US**

Mailing Address
**4343 N.W. 76TH AVENUE
 MIAMI FL 33166-6418**

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/29/1988 | 3a. Date of Last Report 04/05/1996 |
| 4. FEI Number 65-0160403 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is 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: _____ (NOTE: Registered agent signature required when re-issuing) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | DP | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAS, JORGE | 2. NAME | |
| STREET ADDRESS | 10441 S.W. 187TH ST | 3. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL | 4. CITY, ST, ZIP | |
| TITLE | P | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZGERALD, KEVIN P | 22. NAME | |
| STREET ADDRESS | 4343 NW 76TH AVE. | 23. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33168 | 24. CITY, ST, ZIP | |
| TITLE | VP | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WARREN, ROBERT S | 22. NAME | |
| STREET ADDRESS | 4343 NW 76TH AVE. | 23. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33168 | 24. CITY, ST, ZIP | |
| TITLE | S | 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZGERALD, KEVIN P | 4. NAME | |
| STREET ADDRESS | 4343 NW 76TH AVE. | 4. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33168 | 4. CITY, ST, ZIP | |
| TITLE | T | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZGERALD, KEVIN P | 5. NAME | |
| STREET ADDRESS | 4343 NW 76TH AVE | 5. STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33168 | 5. CITY, ST, ZIP | |
| TITLE | | 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 6. STREET ADDRESS | |
| CITY, ST, ZIP | | 6. CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is 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: _____ **2/25/97 (305) 599-7371**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFOR

CR2E034 (9/96)