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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L14865** (4)

1. Corporation Name
SOUTH FLORIDA EQUIPMENT RENTAL, INC.

Principal Place of Business

% DOUGLAS A. HOLT
5330 S.W. 7TH STREET
MARGATE FL 33068

Mailing Address

% DOUGLAS A. HOLT
5330 S.W. 7TH STREET
MARGATE FL 33068

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HOLT, DOUGLAS A.
5330 S.W. 7TH STREET
MARGATE FL 33063

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 607.0602 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of registered agent or person authorized to register the corporation)

(Signature of registered agent or person authorized to register the corporation)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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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 119.01(2)(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 is in full and true name as reflected and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas A. Holt

3/27/96 (954)9747334