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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66465

(0)

CRANE & EQUIPMENT CONSULTING, INC.

## **FILED** Apr 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						
22 LAKE BEAUTY DR STE - 100 ORLANDO FL 32808		<b>#100</b>	22 LAKE BEAUTY DRIVE #100 ORLANDO FL 32806-2009		,	
US		US			3. Date Incorporated or Qualified 04/17/1990	3a. Date of Last Report 04/19/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-3014709	Not Applicable
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
7in	Zip Country		Zip Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Mangible tax tinder's: 199.032, ✓ Yes □ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered Agent
MEADOWS, JOANN				Name		
	PERIDOT CIRCLE		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)
ORL	ANDO FL 32806		83		`	,
			84	City		FL 85 Zip Code
office or re	egistered agent, or both, in t	607.0502 and 607.1508, Florida he State of Florida. Such change he obligations of, Section 607.09	was authorized by	/ the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE		in the second	erformation of the control of the			
12.	Signature, typed or printed name of rec OFF1C	ERS AND DIRECTORS	(NOTE Registered Age	en signature requ	ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIRECTORS IN 12
TITLE	PD	DELE"			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	MEADOWS, JOANN		12 NAME			
STREET ADDRESS	3010 PERIDOT CT		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL		14 001 Y - 8	ST- <b>7</b> IP		
TITLE	ST DELETE		E 2110LE			Change Addition
NAME	MEADOWS, JACK L		22 NAME			
STREET ADDRESS	22 LAKE BEAUTY DRIV	E STE. 100	2 3 STREET	[		
CITY-ST-ZIP	ORLANDO FL	DELE	2 4 CITY-	\$1 - 7/P		Change Addition
TITLE NAME		בן טנננ	31117LF 32 NAML			Change Mudition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			34. CITY-			
TITLE		DELE		3,-11		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST - ZIP		
TITLE		3130	JE 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 % STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-5	6T - <b>2I</b> P		
TITLE		☐ DELE				Change Addition
NAME			G.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		

14. I do hereby certify that the information supplied with this filling 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.