

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L89320 (0)
1. Corporation Name
JIMMY'S EQUIPMENT RENTAL, INC.

Principal Place of Business
4900 SW 167 AVE
FT LAUDERDALE FL 33331
US

Mailing Address
4900 SW 167 AVE
FT LAUDERDALE FL 33331
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0211152	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHELNUT, JAMES C. 4900 SW 167 AVE FT LAUDERDALE FL 33331		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 _____ (Signature, typed or printed name of registered agent and, if applicable, (NOT: Registered Agent signature required when reinstating) DATE _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Pb
NAME	SHELNUT, JAMES D.	12 NAME	James C. Shelnut
STREET ADDRESS	4900 SW 167 AVE	13 STREET ADDRESS	4900 SW 167 AVE
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	V	21 TITLE	V
NAME	SHELNUT, JAMES C.	22 NAME	James D. Shelnut
STREET ADDRESS	17681 NW 82 CT	23 STREET ADDRESS	4900 SW 167 AVE
CITY-ST-ZIP	HALEAH FL 33331	24 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	TS	31 TITLE	
NAME	WAGGONER, GLENNA S	32 NAME	
STREET ADDRESS	4031 S.W. 84 TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	DAVID FL 33328	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  3/5/98 (305) 342-8983

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