


APPROVED  
AND  
NO. 65 FILED 1/1

1999 SEP 16 PM 4: 46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP. 16, 1999 F18:34PM FEE AFTER MAY 1ST IS \$550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P 92000005027**

1. Corporation Name  
**JOSEPHSON CRANE SERVICE OF BELLEVUE, INC.**

Principal Place of Business      Mailing Address

**9105 SE Hwy C-25  
BELLEVUE, FL 34420-5422**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11-12-92**

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

4. FBI Number <b>59-316119</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 Page
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**GARY JOSEPHSON  
9105 SE Hwy C-25  
BELLEVUE, FL 34420**

9. Name and Address of New Registered Agent

91. Name  
92. Street Address (P.O. Box Number is Not Acceptable)  
93.  
94. City      FL      95. Zip Code

11. Pursuant to the provisions of Sections 607.022 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 607.0205, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>GARY JOSEPHSON</b>
CITY-ST-ZIP	<b>9105 SE HWY C-25 BELLEVUE, FL 34420</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-ST-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-ST-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. 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)(D), 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 as an attachment with an address, with all other like corporations.

SIGNATURE: *Gary Josephson*

9-16-99 352-245

*[Handwritten Signature]*

CRE20004 (11/98)