


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
--	---	--

**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  
~~11-93~~ **11-12-92**

2. Principal Place of Business 21 Bldg., Apt. #, etc. 22 City & State 23 Zip      24 Country	2a. Mailing Address 26 Bldg., Apt. #, etc. 27 City & State 28 Zip      29 Country	4. FBI Number <b>59-316119</b>	Applied For <input 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 <b>GARY JOSEPHSON</b> <b>9105 SE Hwy C-25</b> <b>BELLEVUE, FL 34420</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City      FL      86 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-  
 \_\_\_\_\_

CRE20004 (11/98)