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

PROFIT CORPORATION ANNUAL REPORT

1997

N-V3

STREET ADDRESS

SIGNATURE:

14. I do hereby certify that the information information indicated on this annua Lam an officer or director of the color appears in Block 12 or Block 13 if Information.

City-St-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500003116 (7)

SEMINOLE EQUIPMENT RENTAL, INC.

Principal Place of Business Mailing Address 1066 W SAMPLE RD 1066 W SAMPLE RD POMPANO BEACH FL 33064 POMPANO BEACH FL 33084-2016 3. Date Incorporated or Qualified Sa. Date of Last Report 01/09/1995 05/01/1996 2a. Mailing Addres 4. FEI Number Applied For 2. Principal Place of Business 1066 V 65-0556747 26 Not Applicable Suite, App \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for itangible 🖎 under s. 199.032, Yes 29 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Drew. Gregory Address 411 SW 3RD ST. 82 **BOCA RATON FL 33432** 63 Zip Code 11. Pursuant to the prov office or registered agent. I am familia change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 0505, Forida Statutes. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Sections 607,0502 and 607,15 or both, in the State of and accept the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OF ICERS AND ECTORS 13. DELETE Change Addition **PVTS** 1.1 TITLE TITLE GREGORY, DREW NAME 1.2 NAME 1066 W SAMPLE RD STHEEL ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33064 14 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 2.1 TITLE 10.6 2.2 NAME NAMI STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CHTY - ST - ZIF DELETE Change Addition THEE 3.1 TITLE 3.2 NAME NAMí 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CHY-ST-7# Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY - S1 - 70P DELETE Change Addition 6.1 TITLE Illté

6.2 NAME

6.3 STREET ADDRESS

applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rt or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that tion or the receiver or true the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CHY-ST-ZIP

FILED
May 06 1997 8:00am
Secretary of State

