

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

PROFIT CORPORATION ANNUAL REPORT 1998	SEAL OF THE STATE OF FLORIDA 	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000004191 (9)**

1. Corporation Name

THE HEPBURN CONSTRUCTION AND RENTAL COMPANY, INC

Principal Place of Business

Mailing Address

2A
HALLANDALE FL 33009
US

P.O. BOX 254
HALLANDALE FL 33008 - 0254
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 *721 N.W. 4 St.*
Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 *Hallandale,*
City & State

27 City & State

23 *Florida*

28

Zip

24 *33009*

Country

25 *Broward*

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**HEPBURN-SAFFORD, FLORINA
3851 NW 7TH PLACE
FT. LAUDERDALE FL 33311**

61 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL **85** Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, AUSTIN R SR.	1.2 NAME
STREET ADDRESS	721 NORTHWEST 4TH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN, REMILDA L	2.2 NAME
STREET ADDRESS	517 NORTHWEST 7TH COURT	2.3 STREET ADDRESS
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN-SAFFORD, FLORINA	3.2 NAME
STREET ADDRESS	3851 N.W. 7TH PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4. CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN-MOBLEY, EUNICE	4.2 NAME
STREET ADDRESS	738 N.W. 3RD COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEPBURN-MCPHERSON, KATHERINE	5.2 NAME
STREET ADDRESS	413 SW 6TH AVE	5.3 STREET ADDRESS
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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: *John Safford*

11/17/90 (954)454-7429

CR2E034 (10/97)