

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026138 (4)

1. Corporation Name

GLOBAL HOISTING, SALES & RENTALS, INC.



Principal Place of Business: 1850 7th Ave. N., P.O. BOX 5412, LAKE WORTH FL 33461
Mailing Address: 1850 7th Ave. N., P.O. BOX 5412, LAKE WORTH FL 33461

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report

2. Principal Place of Business: 21 1850 7th Ave. N., Suite, Apt #, etc. 22 City & State: 23 Lake Worth, FL Zip: 24 33461 Country: 25 U.S.
2a. Mailing Address: 26 Same. 27 Suite, Apt #, etc. 28 City & State. 29 Zip. 30 Country

4. FEI Number: 65 0589804 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BACHMAN, JAMES A, 4754 HOLLY LAKE DRIVE, LAKE WORTH FL 33463

10. Name and Address of New Registered Agent: 81 Name: James A. Bachman, 82 Street Address: 1205 Mathis St., 83 City: Lake Worth, FL 85 Zip Code: 33461

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: _____ (Date) _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSD	<input checked="" type="checkbox"/>
NAME	CARTULLO, DIANE M	
STREET ADDRESS	P.O. BOX 5412 N/A	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	Pres./Sect.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Billy Bachman		
13 STREET ADDRESS	1850 7th Ave. N.		
14 CITY - ST - ZIP	LAKE WORTH, FL. 33461	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Billy Bachman Billy Bachman 7-8-96 585-5605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone)

CR2E034 (3/96)