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

PROFIT CORPORATION ANNUAL REPORT

CHY-ST-2IP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

(96/6)

R2E034

Daylinie Phone

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000030221 (2)

ADVANCED CRANE & EQUIPMENT SERVICES, INC.

Principal Place of Business Mailing Address 2430 SHADOWLAWN DR., STE. 7 2430 SHADOWLAWN DR., STE. 7 NAPLES FL 34112-4801 NAPLES FL 33962 3a. Date of Last Report 3. Date Incorporated or Qualified 04/04/1995 03/28/1996 2. Principal Piace of Business 2a. Mailing Address FEI Number Applied For 65-0569969 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 ŻŒ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 Hes No 24 25 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **DUNN, LEONARD** 2430 SHADOWLAWN DR., STE. 7 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962 83 84 City Zip Code 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 Sources to typicalize product name of registered agent and title if apolicable (fvOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change Addition DELETE Hit 11TITLE DUNN, LEONARD NAMI 1.2 NAME 2430 SHADOWLAWN DR., STE. 7 13 STREET ADDRESS STREET ADDRESS NAPLES FL 33962 CITY-\$1-712 14 CiTY-ST-ZIP DELETE Change Addition 21 TITLE Hit SCIULLO, ANGELO NAME 22 NAME 2430 SHADOWLAWN DR., STE. 7 23 STREET ADDRESS STREET ADDRESS NAPLES FL 33962 2 4 CITY - ST-ZIP OTY-SI-7-2 DELETE Change Addition TILE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP $CHY \cdot SI \cdot Zd^2$ DELETE Change Addition 4.1 TITLE 1.114 4. 2 NAME MALME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP 011Y - 51 - 24F DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ALCORESS 5.4 CITY - \$1 - ZIP CHY-ST ZIP DELETE Change Addition 6.1 TITLE THE 6.2 NAME NAME STEET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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.