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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000090183 (1)

A.E.R. CONSTRUCTION & EQUIPMENT RENTALS OF FLORIDA CORP.

DA COH	IP.								
Principal Place	e of Business	Mailing Address							
4725 SOUTH WEST 45TH ST. DAVIE FL 33314		4725 SOUTH WEST 45TH ST. DAVIE FL 33314-3901		and the same of th					
					3. Date Incorporated or Qualified 11/21/1995		te of Last F 4/1996	Report	
· · · · ·	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		A	pplied For	
21					65-0625143			ot Applicable	
<b>SUITE</b> , Apt.	#, OC.	Suite, Apt. #, etc.	, дрт. #, етс.		5. Certificate of Status Desired			Additional equired	
City & State	e	City & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes Yes No				
24	25 9. Name and Address of Curre	29  nt Registered Agent	30		10. Name and Address of New Re				
₽∩I	ICASTRO, RUSSELL		81	Name	TO. THE UTIL PROJECTS OF HER THE	Bistoien Y	gont		
4725 SOUTH WEST 45TH STREET				İ	Iress (P.O. Box Number is Not Acceptate	ale)			
DAVIE FL 33314			63		The second of the following the second of th				
			64	City		FL	85 Zip	Code	
11. Pursuant office or reagent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa ations of, Section 607.0505,	itutes, the above as authorized by Florida Statuto	re-named cor y the corpora is.	poration submits this statement for the patients board of directors. I hereby accept		changing i	ts registered registered	
SIGNATURE	Signature, typod or punted name of registered ag	e de la companio della companio dell		,, <u>-</u>					
12.		Chernoling rappidable (f	13.	ent signature requ	uired which reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIRECTOR	3S IN 12	
TITLE	D	DELETE			NODITIONO/OFFINIALES TO OFFICE		Change	Addition	
NAME	POLICASTRO, RUSSELL	1					_ •	_	
STREET ADDRESS	495 MORSE AVENUE		13 STREE	1 ADORESS					
CITY-ST-ZIP	RIDGEFIELD NJ 07657		14 CITY-	ST-2(P					
TALE		☐ DELETE	21 TITLE				Change	Addition	
NAME			2 2 NAME						
STREET ADDRESS			2 3 STREET ADDRESS						
CITY-ST-ZIP		Derete	2 4 Cily -	S1-ZIP					
TITLE		☐ DELETE	3171718	İ		I	Change	☐ Addition	
NAME STREET ADDRESS			3.2 NAME	T 4000000					
CITY-ST-ZIP			3.3 STREE 3.4. CITY-	T ADDRESS					
TITLE		DELETE	4.1 TITLE	31-7Ir		<del></del> -	Change	Addition	
NAME	المناع المناع		4. 2 NAME			•	onange		
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP			4.4 CITY-	i					
TITLE	DELETE		5.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-1						
TITLE		DELETE	6 1 THLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	1 AUDRESS					

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 occaver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 31 if changed, or or an attachment with an address.

**FILED** 

May 13 1997 8:00am

Secretary of State