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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000048890

C & L EQUIPMENT RENTAL, INC.

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Principal Place of Business Mailing Address									
10306 SW JERNIGAN ST 10306 SW JERNIGAN ST			• •			· · · · · · · · · · · · · · · · · · ·			-
ARCADIA FL 34266 ARCADIA FL 3			FL 34266			DO NOT WRITE IN THIS SPACE			
US		บจ				3. Date Incorporated or Qualifed			
						06/04/1996			
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number		App	plied For
21		26				65-0673891		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_				\$8.75 A	dditional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Re	guired
City & State	B THE REPORT OF THE PERSON OF	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country Country			Country 8.		8. This corporation owes the curre	ent year Inte		[
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		04	Name	10. Name and Address of New R	egistered	Agent	
1770	, JOHN P		[	81	Name				}
	n indiana ave		ļ	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	E #5		Ĺ.	-					
	LEWOOD FL 34223-2959		1	83					·
Lita	EE1100D 1 E 04220 2000		Ţ	84	City		FL	85 Zip C	Code
						C. I to the contract of the shape		abanaina its	ropictored
office or n	egistered agent, or both, in the State	of Florida. Such change was a	utnorizea	Dy tr	named corpor he corporation	ration submits this statement for the i's board of directors. I hereby accep	t the appoir	itment as reç	gistered
e i trene	m familiar with, and accept the obliga	ations of Section 607 0505. Flo	rida Statut	•					(
agent. ra	III laitillai Willi, alla accept tile obigi	ations of, Section 001.0000, 1 lo	nda Otata	ies.					)
SIGNATURE							Size -	<del></del>	}
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SIGNATURE  12.  TITLE  NAME	Signature, typod or printed name of registered age OFFICERS AI PS CYNTHIA FRIEND	ent and trile if applicable. (NOTE	13. 1.1 TITI 1.2 NAM	Agent :					
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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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

941-491-0032

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90001 046 \*\*\*150.00