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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000011140 (5) DOCUMENT

SOUTHEAST EQUIPMENT RENTAL CORP.

Principal Place of Business Mailing Address 1280 S.W. 36TH AVENUE 1280 S.W. 36TH AVENUE SUITE 201 SUITE 201 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 01/31/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0768023 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LOREDO, JOSE A ESQ. Randal Perkins Street Address (P.O. Box Nun 100 S.E. SECOND STREET 82 **SUITE 40000** 83 MIAMI FL 33131 Zip Code **330**(84 oral Springs Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered 05, Florida Statutes. 11. Pursuant to the provisions of Sec office or registered agent, or both, in the State of forida agent. I am familiar with, and accept the obligations of resident SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change DELETE 1.1 TITLE President Randal Perkins PERKINS, RANDAL 1.2 NAME 8230 N.W. 49 Court 1280 SW 36TH AVE SUITE 201 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 1.4 CITY-ST-ZIP Sonnas. City-St-ZiP ___ Addition DELETE. 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP

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 or par attachment with an appears in

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Addition

Addition

Addition

Change

Change

Change

FILED

Jan 21 1998 8:00am

Secretary of State