SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #
1. Corporation Name P97000019353 (6)

## JM CONSTRUCTION & EQUIPMENT RENTAL CORPORATION

## **FILED** Sep 03 1998 8:00am Secretary of State



Principal Place of Business			Malling Address					
6433 NORTHWEST 24 STREET			P.O. BOX 821042					
MIRAMAR FL 33023			SOUTH FLORIDA FL 33082-1042			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		
					03/03/1997			
On Malling Address							lied For	
2. Principal Place of Business			2a. Mailing Address			1 / - 1 - 1 - 2 - 2	Applicable	
21]			26 Suite Ant H etc			F0 7E 4		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Reg	I	
City & State			City & State				·	
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	Zip Country		Zip Country		ntrv	8. This corporation owes or has paid the current year Intangible		
24	25	¬'''''''''''		<b>├</b> ¬	,	Personal Property Tax due June 30. Yes No		
[24]	9. Name and Addres		<del></del>	1001		10. Name and Address of New Registered Agent		
AME	RILAWYER CHARTER				81 Name	N 1/2 T		
343 ALMERIA AVENUE					lewis 12 looker Jr.			
CORAL GABLES FL 33134			82 Street Ad		82 Street Ad	dress (P.O. Box Number Is Not Acceptable)		
CON	ME CANDLES & E 00 104		83		79 72 1000			
,								
	•				84 City	Airamar FL 85 Zip Co	ode の23	
44 5	1. 11	607 0500	COT 1509 Florida Statut	too the ab	No pomod por	poration submits this statement for the purpose of changing its regi	istered	
11. Pursuant to the province 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, or both, or 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 familial with, and accept the obligations of, section 607.0505, Florida Statutes.								
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.								
					D. Too KEN JR 8:22.98 spistered Agent signature required when reinstating) DATE			
Signature, typed or printed name of registered agent of ditle if applicable. (NOTE  12. OFFICERS AND DIRECTORS					13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12	
TITLE	PSD D	TIOENO AND DI	DELETE	1.5 T(T	LE	Change	Addition	
NAME	TOOKER, LEWIS B	IR .	[ DELETE	1.2 NA		Cumilia F		
STREET ADDRESS 6433 NORTHWEST 24 STREET					1.3 STREET ADDRESS			
MOANAR EL DOGGO					Y-ST-ZIP		1:	
CITY-ST-ZIP TITLE	TD		DELETE	2.1 111		Change [	Addition	
	MENDEZ, JOSE		[] DELETE	2.2 NA		Onlingo [	Addition	
AAAA MAARTINIKAT AA ATREET				2.3 STREET ADDRESS				
ANDREAS EL 22002					Y-ST-ZIP		1	
CITY-ST-ZIP	MILITANIAN I L 00020			3.1 117		Change	Addition	
TITLE			DELETE	3.1 III		Change L	AUGIROIT	
NAME								
STREET ADDRESS					REET ADDRESS			
CITY-ST-ZIP			<u> </u>	3.4 CI 4.1 Til	Y-ST-ZIP	AL	Addition	
TITLE			L_J DELETE			Change L	Addition	
NAME				4.2 NA				
STREET ADDRESS					REETADDRESS			
CITY-ST-ZIP					Y-ST-ZIP	<b></b>		
TITLE			L DELETE	5.1 TIT	i i	Change [	Addition	
NAME				5.2 NA	i			
STREET ADDRESS				5.3 ST	REET ADDRESS			
CITY-ST-ZIP			E-11-		IY-ST-ZIP	-	<del></del>	
TITLE			DELETE	6.1 TIT	LE	Change [	Addition	
NAME				6.2 NA	ME			
STREET ADDRESS				6.3 ST	REET ADDRESS			
CITY-ST-ZIP					ry-ST-ZIP			
	ertify that the information	supplied with this	filing does not qualify for	the exemp	tion stated in s	ection 119.07(3)(i), Florida Statutes. I further certify that the inform	ation	

an officer or director of the corporation of 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.