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 # P97000019353

JM CONSTRUCTION & EQUIPMENT RENTAL CORPORATION

Prin	cipal Place of	Вι	isiness
6422	MODITHMEST	24	STREE*

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90068 038 ***150.00



Principal Place of Business Mailing Address								
6433 NORTHWES MIRAMAR FL 33	P.O. BOX 821042 SOUTH FLORIDA FL 33082-104				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed		
						03/03/1997		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		lied For
21		26				65-0731878		Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	quired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir	tangible	
24	25	29 30			<u>'</u>	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registered	Agent	
		· ·	1	81	Name	·		
	KER, LEWIS D JR I N.W. 24 ST		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIRA	MAR FL 33023		1	83				
			1	84	City	F	85 Zip C	ode
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statu	tes.	15 00/ps.da.	oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered ag	Ont 200 000 000 000 000 000 000 000 000 00		Agent s	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.		ND DIRECTORS ☐ DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PSD	☐ DELETE						,
NAME	TOOKER, LEWIS D JR	_	1.2 NA		000000			ļ
STREET ADDRESS	6433 NORTHWEST 24 STREE	1			ADDRESS			·]
CITY-ST-ZIP	MIRAMAR FL 33023	☐ DELETE	1.4 CIT 2.1 TITI		ZIP		Change	Addition
TITLE	TD	□ pere ie				,	_	
NAME	MENDEZ, JOSE	-	2.2 NA					
STREET ADDRESS		il į			ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023	☐ DELETE	2.4 CI		·ZIP		☐ Change	Addition
TITLE	, " "	- Deterio			ĺ			
NAME	r - 1		3.2 NA		*DDBECC	•		
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CITY-ST-ZIP		☐ DELETE	3.4. CD 4.1 TIT		- ZIP		` ☐ Change	Addition
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NAME.			4. 2 NA		ADDRESS			
STREET ADDRESS					I .			j
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT	_	- 2417		☐ Change	Addition
TITLE		. Dereie	5.1 111 5.2 NA		ļ		-	
NAME					ADDRESS	1.5		
STREET ADDRESS	8		5.4 CIT				•]
CITY-ST-ZIP	*	☐ DELETE	6.1 TII				Change	☐ Addition
TITLE			6.2 NA					
NAME					ADDRESS			
STREET ADDRESS	s '		0.3 31	I VILLE 1	,50,100			ļ

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 truefee 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 on an attachment with an address, with all other like empowered.

SIGNATURE: