

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PH 3: 25

DOCUMENT # S41033 (9)

1. Corporation Name
CARIBBEAN CRANE SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 890 KEY LARGO FL 33007-0890
Mailing Address: P.O. BOX 890 KEY LARGO FL 33007-0890

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized: **03/25/1991**
3a. Date of Last Report: **11/14/1994**

4. FEI Number: **65-0321253**
Applied Fee: Not Applicable

5. Certificate of Status Created: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under 35, 1987-1992, Florida Statutes: Yes No

2. Previous Place of Business: 21. Suite, Apt # etc. 22. City & State 23. Zip 24. Country
25. Mailing Address: 26. Suite, Apt # etc. 27. City & State 28. Zip 29. Country 30.

9. Name and Address of Current Registered Agent
**DIXON, JOHN
35 SOUTH DRIVE, #1
KEY LARGO FL 33037-2920**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions 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, in 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIXON, JOHN
STREET ADDRESS	35 SOUTH DRIVE, #1
CITY, ST, ZIP	KEY LARGO FL
TITLE	D
NAME	PEREZ, JOHN
STREET ADDRESS	1518 SHAW DR.
CITY, ST, ZIP	KEY LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191(07)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is, from what I ascertain, and that my signature shall have the same legal effect as if each officer or director of this corporation or the receiver or trustee of this corporation were to sign this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 and attached to an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

LOS 451-8850