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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S65276

(5)

SABATINO GRADALL RENTAL, INC.

FILED	
May 08 1998 8:00ar	n
Secretary of State	

Principal Place of Business Mailing Address			S				
12924 MEADOWBREEZE DRIVE WELLINGTON FL \$3414			12924 MEADOWBREEZE DRIVE WELLINGTON FL 33414			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 07/05/1991	
2. Principal P	ace of Business	2a. Mailing Add	ress		· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For	~_
21		26				59-3085902 Not Applicat	ole
Suite, Apt.	#, e tc.	Suite, Apt. #	, etc.	_		5. Certificate of Status Desired See Required	
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country	 -	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
SA	BATINO, MATTHEW N			81	Name	,	
12924 MEADOWBREEZE DRIVE			82	Street	t Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33414						_	
				B3]		
				84	City	FL 85 Zip Code	
l office or r	to the provisions of Sections 607 05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	∘ of Florida. Such char	ade was author	ized b	the corr	d corporation submits this statement for the purpose of changing its registere rporation's board of directors. I hereby accept the appointment as registered	i be
SIGNATURE	Signature, typed or printed name of registered ag	cont proctable of accessorable	(NC)(- Regis	lored An-	ant nignature	re required when reinstating) DATE	
12.		D DIRECTORS		13.	ini Bigiiato e	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅱ
TITLE	D			1 TITLE		Change Additi	ion
NAME	SABATINO, MATTHEW N.	·	1	2 NAME			
STREET ADDRESS	12924 MEADOWBREEZE DR		1	.3 STREET	ADDRESS		1
CITY-ST-ZIP	WELLINGTON FL		1	A CITY-5	ST-ZIP		
TITLE		D	ELETE 2	1 TITLE		Change Additi	ion
NAME			2	2 NAME	- 1		ľ
STREET ADDRESS			2	3 STREET	ADDRESS		
CITY-ST-ZIP				. 4 CITY-	ST-ZIP		
TITLE		<u> </u>	ELETE 3	.1 TITLE	J	Change Additi	ion
NAME			3	.2 NAME			
STREET ADDRESS			3	3 STREET	ADDRESS		ļ
CITY-ST-ZIP				4. CITY-	S1 - ZIP		
TITLE		□ D		.1 TITLE	ł	Change Additi	(OD
NAME			ı.	. 2 NAME			
STREET ADDRESS					ADDRESS	j .	
CITY-ST-ZIP			4.	4 CITY - 5	ST-ZIP		ſ

6.4 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 on an attachment with an address.

5.1 TITLE 52 NAME

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

53 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

04-28-98

(561) 793-9658

Change

Change

___ Addition

Addition