

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 05 1996 8:00 am**  
Secretary of State

**DOCUMENT # K54671 (8)**  
1. Corporation Name  
**NEFF RENTAL, INC.**



Principal Place of Business Mailing Address  
**8600 NW 36TH ST.  
8TH FLOOR  
MIAMI FL 33166  
US** **8600 NW 36TH ST.  
8TH FLOOR  
MIAMI FL 33166  
US**

3. Date Incorporated or Qualified **12/29/1988** 3a. Date of Last Report **03/23/1995**  
4. FEI Number: **65-0160403** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**ABBOTT, ELIOT C.  
999 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Person Registered or Agent of the Corporation (Print Name) Signature of Agent of Corporation (Print Name)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MAS, JORGE	
STREET ADDRESS	10441 S.W. 187TH ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	KEVIN P. Fitzgerald	
STREET ADDRESS	4343 NW 76th AVE	
CITY- ST- ZIP	Miami, FL 33166	
TITLE	Robert G. WARREN, SENIOR VP	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	4343 NW 76th AVE	
CITY- ST- ZIP	Miami, FL 33166	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	KEVIN P. Fitzgerald	
STREET ADDRESS	4343 NW 76th AVE	
CITY- ST- ZIP	Miami, FL 33166	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	KEVIN P. Fitzgerald	
STREET ADDRESS	4343 NW 76th AVE	
CITY- ST- ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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-04/08/96--01015--029  
\*\*\*200.00

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 119.07(3)(k), 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.

SIGNATURE: *Kevin P. Fitzgerald* KEVIN P. Fitzgerald 3/29/96 305-599-7371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (12/95)

04-5-96