

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

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**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000006219 (8)

**1. Corporation Name
NEFF CORP.**



Principal Place of Business

Mailing Address

**4343 NW 76TH AVE.
MIAMI FL 33166**

**4343 NW 76TH AVE.
MIAMI FL 33166-6415**

3. Date Incorporated or Qualified 12/21/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0626400	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	FITZGERALD, KEVIN P
STREET ADDRESS	4343 NW 76TH AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	VC <input type="checkbox"/> DELETE
NAME	FITZGERALD, KEVIN
STREET ADDRESS	4343 NW 76TH AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	DV <input type="checkbox"/> DELETE
NAME	WARREN, ROBERT G
STREET ADDRESS	4343 NW 76TH AVE.
CITY-ST-ZIP	MIAMI FL 33166
TITLE	C <input type="checkbox"/> DELETE
NAME	MAS, JORGE JR
STREET ADDRESS	8800 NW 38TH STREET, 8TH FLOOR
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE
NAME	MAS, JOSE R
STREET ADDRESS	8800 NW 38TH STREET, 8TH FLOOR
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE
NAME	MAS, JUAN C
STREET ADDRESS	8800 NW 38TH STREET, 8TH FLOOR
CITY-ST-ZIP	MIAMI FL 33166

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input 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	

14. I do 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 in an attachment with an address.

SIGNATURE: _____ **2/17/98 (805)-559-7371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (9/96)