

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

**FILED**  
**Mar 19 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 # K54671 (8)**  
 1. Corporation Name  
**NEFF RENTAL, INC.**



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

Mailing Address  
**4343 N.W. 76TH AVENUE  
 MIAMI FL 33166-6418**

3. Date Incorporated or Qualified <b>12/29/1988</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>65-0160403</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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, the undersigned, do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is 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: \_\_\_\_\_ (NOTE: Registered agent signature required when re-issuing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAS, JORGE	2. NAME	
STREET ADDRESS	10441 S.W. 187TH ST	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
TITLE	P	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, KEVIN P	22. NAME	
STREET ADDRESS	4343 NW 76TH AVE.	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33168	24. CITY, ST, ZIP	
TITLE	VP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, ROBERT S	22. NAME	
STREET ADDRESS	4343 NW 76TH AVE.	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33168	24. CITY, ST, ZIP	
TITLE	S	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, KEVIN P	4. NAME	
STREET ADDRESS	4343 NW 76TH AVE.	4. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33168	4. CITY, ST, ZIP	
TITLE	T	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, KEVIN P	5. NAME	
STREET ADDRESS	4343 NW 76TH AVE	5. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33168	5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is 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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 (305) 599-7371

CR2E034 (9/96)