

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3750 NW 87th Ave Suite, Apt. #, etc. Suite 400 City & State Miami Fla Zip 33178 Country USA	2a. Mailing Address 26 3750 NW 87th Ave Suite, Apt. #, etc. Suite 400 City & State Miami Fla Zip 33178 Country USA
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3. Date Incorporated or Qualified 12/29/1988	4. FEI Number 65-0160403	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	FL

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	DP	<input type="checkbox"/> DELETE
NAME	MAS, JORGE	
STREET ADDRESS	10441 S.W. 187TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FITZGERALD, KEVIN P	
STREET ADDRESS	4343 NW 76TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, ROBERT S	
STREET ADDRESS	4343 NW 76TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FITZGERALD, KEVIN P	
STREET ADDRESS	4343 NW 76TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FITZGERALD, KEVIN P	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3750 N.W. 87th Ave. Suite 400
1.4 CITY-ST-ZIP	Miami Fla 33178
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3750 N.W. 87th Ave. Suite 400
2.4 CITY-ST-ZIP	Miami FL 33178
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETE GLADIS
3.3 STREET ADDRESS	3750 N.W. 87th Ave Suite 400
3.4 CITY-ST-ZIP	Miami Fla 33178
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3750 N.W. 87th Ave Suite 400
4.4 CITY-ST-ZIP	Miami Fla 33178
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3750 NW 87th AVE SUITE 400
5.4 CITY-ST-ZIP	MIAMI, FL 33178
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	000002450000
6.3 STREET ADDRESS	-03/09/98--01011--010
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: 

CR2E034 (10/97)