

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

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000006219 (8)**  
1. Corporation Name  
**NEFF CORP.**



Principal Place of Business <b>4343 NW 76TH AVE. MIAMI FL 33166</b>	Mailing Address <b>4343 NW 76TH AVE. MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>3750 NW 87th Ave</b>	26	<b>3750 NW 87th Ave</b>	<b>12/21/1995</b>	
Suite, Apt. #, etc. <b>Suite 400</b>		Suite, Apt. #, etc. <b>Suite 400</b>		4. FEI Number	Applied For
22	<b>Suite 400</b>	27	<b>Suite 400</b>	<b>65-0626400</b>	Not Applicable
City & State <b>Miami Fla</b>		City & State <b>Miami Fla</b>		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23	<b>Miami Fla</b>	28	<b>Miami Fla</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24 <b>33178</b>	25 <b>USA</b>	29 <b>33178</b>	30 <b>USA</b>	<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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, KEVIN P</b>	
STREET ADDRESS	<b>4343 NW 76TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> DELETE
NAME	<b>FITZGERALD, KEVIN</b>	
STREET ADDRESS	<b>4343 NW 76TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARREN, ROBERT G</b>	
STREET ADDRESS	<b>4343 NW 76TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MAS, JORGE JR</b>	
STREET ADDRESS	<b>8800 NW 36TH STREET, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAS, JOSE R</b>	
STREET ADDRESS	<b>8800 NW 36TH STREET, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAS, JUAN C</b>	
STREET ADDRESS	<b>8800 NW 36TH STREET, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	

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

1.1 TITLE	<b>PSTV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>3750 N.W. 87th Ave #400</b>	
1.4 CITY-ST-ZIP	<b>Miami Fla 33178</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>3750 N.W. 87th Ave #400</b>	
4.4 CITY-ST-ZIP	<b>Miami Fla 33178</b>	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>3750 N.W. 87th Ave #400</b>	
5.4 CITY-ST-ZIP	<b>Miami Fla 33178</b>	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>3750 N.W. 7th Ave #400</b>	
6.4 CITY-ST-ZIP	<b>Miami Fla 33178</b>	

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 any attachment with an address.

SIGNATURE:  **KEVIN P. FITZGERALD** 3/11/98 305-513-3350

CP2E034 (10/97)