FILE NOW:.FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:34

DOCUMENT # **350426** **(3)**

1. Corporation Name
NATIONWIDE LIFT TRUCKS INC

Principal Place of Business	Mailing Address
3900 N 28TH TERRACE HOLLYWOOD FL 33020	3900 N 28TH TERRACE HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1969**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1268200** ☐ Applied For ☐ Not Applicable

Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONTE,ARTHUR
3900 N 28TH TERRACE
HOLLYWOOD FL 33020

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	CONTE, ARTHUR	12 NAME	
STREET ADDRESS	2734 NE 11ST	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CONTE, JOSEPH	22 NAME	
STREET ADDRESS	14243 BLACKBERRY DRIVE	23 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CONTE, THOMAS	32 NAME	
STREET ADDRESS	150 S W 121 ST. TERRACE	33 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	KONESKI, FRANK	42 NAME	
STREET ADDRESS	2128 N E 68 ST	43 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Frank Koneski VP
FRANK KONESKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1395 (Date)

1-305-422-4645 (Daytime Phone #)

0091306 CP