

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350426

FILED
Apr 19, 2004
Secretary of State

Entity Name: NATIONWIDE LIFT TRUCKS INC

Current Principal Place of Business:

3900 N 28TH TERRACE
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

3900 N 28TH TERRACE
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-1268200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, ARTHUR
3900 N 28TH TERRACE
HOLLYWOOD, FL 33020

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CONTE, ARTHUR,
Address: 2734 NE 11ST
City-St-Zip: POMPANO BEACH, FL

Title: SD () Delete
Name: CONTE, JOSEPH,
Address: 14243 BLACKBERRY DRIVE
City-St-Zip: W. PALM BEACH, FL

Title: VD () Delete
Name: CONTE, THOMAS,
Address: 150 S W 121 ST. TERRACE
City-St-Zip: CORAL SPRINGS, FL

Title: VD () Delete
Name: KONESKI, FRANK,
Address: 2128 N E 68 ST
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KONESKI, FRANK,
Address: 9090 PADOVA DR
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK KONESKI

MR

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date