## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # 477508 (6) 1. Corporation Name									
	NAL LIFT TRUCK SERVI	CE. INC.							
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Principal Place of Business Mailing Address						- I LAMEST MINIT SO BIG 10000 E MITOL M	8181 ISI: O) Q	(1 BIMIN BIMIN ALI	iti dinii Binii Ibbi
1901 NW 21	id street	1901 NW 2ND STREET							
FT. LAUDER	DALE FL 33311-8753	FT. LAUDERDALE FL	. 33311-8753	)					
						3. Date Incorporated or Qualified	3a. D.	ate of Last Re	port
						06/06/1975	1	01/24/19	
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		1	Applied For
21		26				59-1589246			Vot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X		Additional Required
City & State		City & State				6. Election Campaign Financing			D May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country Zip Co			itry		8. This corporation has liability for	ıntangible		
24	25	29	30			Florida Statutes Yes			
	9. Name and Address of Curre	ent Registered Agent		B1 N	lame	10. Name and Address of New I	Registere	d Agent	
CIANO	IEDDV		'	"   "	шие				
SIANO, JERRY 1901 NW 2 STREET				82 8	treet Addre	ess (P.O. Box Number is Not Acceptal	ole)		
FT. LAUDERDALE FL 33311			l <sub>i</sub>	83					
				_   _					
			1	84 0	aty		F	L  85   Z⊈	Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the abov	e nan	ed corpora	ation submits this statement for the pu	roose of c	hancing its re	egistered office
familiar with	a agent, or both, in the State of Fic , and accept the obligations of, Se	rida. Suon change was authoriza ction 607.0505, Florida Statutes	ea by the co	orpora	tion s bear	d of directors. I hereby accept the app	ointment.	as registered	agent. Lam
SIGNATURE									
12.	one, types or prioso name of registered age OF PIONES A	ntard life (againaide (NO ND DIRECTORS			ration acquired	ADDITIONS/CHANGES TO OFF	LIAIT	ID DIDECTO	DC IN 10
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NAME	SIANO, RICHARD	125							
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CITY-ST-ZIP		——————————————————————————————————————	4.4.CHY		г				
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CITY-SI-ZIF			5 3 STH 5 4 CH1						
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NAME		<u> </u>	6.2 NAN						
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CITY - S1 - ZIF			1	Y - \$1 - ZI					
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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)(k), 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:

AME OR THING OFFICER OR DIRECTOR