

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 477508 (6)

1. Corporation Name

NATIONAL LIFT TRUCK SERVICE, INC.



Principal Place of Business

1901 NW 2ND STREET  
FT. LAUDERDALE FL 33311-8753

Mailing Address

1901 NW 2ND STREET  
FT. LAUDERDALE FL 33311-8753

3. Date Incorporated or Qualified  
06/06/1975

3a. Date of Last Report  
01/24/1995

4. FEI Number

59-1589246

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIANO, JERRY  
1901 NW 2 STREET  
FT. LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
V	SIANO, RICHARD	1051 SEABROOK AVE.	DAVE FL	<input type="checkbox"/>
P	SIANO, ROBERT	10940 NW 6TH CT	PLANTATION FL	<input type="checkbox"/>
S	CARRIUOLO, GERI	740 NW 107 AVE	PLANTATION FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADDITION
1	1	1	1	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	2	2	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	3	3	3	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	4	4	4	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	5	5	5	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	6	6	6	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(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:

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)