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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name

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NATIONAL LIFT TRUCK SERVICE, INC.

Principal Place of Business Mailing Address 1901 NW 2ND STREET 1901 NW 2ND STREET FT. LAUDERDALE FL 33311-8753 FT. LAUDERDALE FL 33311-8753 3. Date Incorporated or Qualified 06/06/1975 3a. Date of Last R 01/24/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1589246 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Zφ Country Country Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SIANO, JERRY Street Address (P.O. Box Number is Not Acceptable) 82 1901 NW 2 STREET FT. LAUDERDALE FL 33311 83 Crty 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 if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1. 1 TiTLE SIANO, RICHARD NAME 1.2 NAME 1051 SEABROOK AVE. STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE SIANO, ROBERT NAME 2.2 NAME 10940 NW 6TH CT STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2.4 CITY - ST-ZIP TITLE T DELETE 3. 1 TITLE ☐ Change ☐ Addition CARRIUOLO, GERI NAME 3.2 NAME 740 NW 107 AVE STREET ADDRESS 3.3. STREET ADDRESS PLANTATION FL CITY-ST-ZIP 34 CITY-ST-ZIP ☐ Change [] DELETE 4. 1 TITLE Addit.on 7000002208397 NAME 4.2 NAME -06/11/97--01023--028 STREET ADDRESS 4.3 STREET ADDRESS ***173.75 CITY -ST-ZIP 4.4 GdY - \$1 - ZiF DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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 applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee appears in Block 12 or Block 12 if changed, or or an attachment with an address, 14 The Taylor of the corporation or the receiver or trustee appears in Block 12 or Block 12 if changed, or or an attachment with an address, 14 The Taylor of the corporation or the receiver or trustee appears in Block 12 or Block 12 if changed, or or an attachment with an address, 14 The Taylor of the corporation or the receiver or trustee and that my name appears in Block 12 or Block 12 if changed, or or an attachment with an address, 14 The Taylor of the corporation or the receiver or trustee and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee and accurate and that my signature shall have the same legal effect as if under cath in the cath in t

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Secretary of State