FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 477508

(6)

NATIONAL LIFT TRUCK SERVICE, INC.

Secretary of State

FILED

Feb 03 1998 8:00am

							}}
Principal Place of Business		Mailing Address				- I LENCIE MINIS INNIL IONNE MISTI MNINE 101: NEUT;	
1901 NW 2ND STREET FT. LAUDERDALE FL 33311-8753		1901 NW 2ND STREET FT. LAUDERDALE FL 33311-8753					
					DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified 06/06/1975	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26				59-1589246	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	ZIp 29	30 Cot	ıntry		This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIANO, JERRY				81	Name		
1901	NW 2 STREET	h		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33311					On oct Addit	coo (i. i.o. box (voinos) is itoi Acceptable)	
				83			

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.

City

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition 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 TITLE DELETE 2.1 TITLE Change Addition 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 DELETE Change 3.1 TITLE Addition CARRIUOLO, GERI 3.2 NAME 740 NW 107 AVE STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 3.4, CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition . NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - St - 7iP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE TITLE Change 6.1 TITLE Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing 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 of the receiver of the receiver of the corporation of the receiver

SIGNATURE:

GERI CARRILLOLO

1/27/98

954-462-6500

85 Zip Code