

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

APPROVED  
AND  
FILED

Pg. 1 of 2

97 JUL 10 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **F29233**  
1. Corporation Name  
**BERT AND ANNIE'S FORKLIFT SERVICE INC**

Principal Place of Business: **1817 Donna Bld W.P.B. FL 33409**  
Mailing Address: **2040 UPLAND Rd W.P.B. F**

2. Principal Place of Business: **1817 Donna Bld**  
2a. Mailing Address: **2040 UPLAND Rd**  
21. Suite, Apt #, etc.  
22. City & State: **W.P.B. FL**  
23. Zip: **33409** Country: **R.B.**  
24. Zip: **33409** 25. Country: **R.B.**  
26. Suite, Apt #, etc.  
27. City & State: **W.P.B. FL**  
28. Zip: **33409** 29. Country: **R.B.**  
30. Country: **R.B.**

3. Date Incorporated or Qualified: **7/78**  
3a. Date of Last Report: **1996**  
4. F.I.I. Number: **54-7086718**  
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

9. Name and Address of Current Registered Agent  
**NORBERT A. SCHAFFER**  
**2040 UPLAND RD**  
**WEST PALM BEACH, FL**  
**33409**

10. Name and Address of New Registered Agent  
81. Name: **NORBERT A. SCHAFFER**  
82. Street Address (P.O. Box Number is Not Acceptable): **2040 UPLAND RD**  
83.  
84. City: **WEST PALM BEACH FL** 85. Zip Code: **33409**

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: *Norbert Schaffer* DATE: **6/23/97**  
Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>NORBERT A SCHAFFER</b>	
STREET ADDRESS	<b>2040 UPLAND Rd</b>	
CITY - ST - ZIP	<b>W.P.B. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>800002240048--7</b>
13. STREET ADDRESS	<b>-07/16/97--01109--004</b>
14. CITY - ST - ZIP	<b>****165.00 ****165.00</b>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby 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 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: *Norbert Schaffer* DATE: **6/23/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Use the Phone #)

CR2E034 (9/96)

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# FLORIDA DEPARTMENT OF STATE



*Mailed  
1/3/97  
with check # 2653*

**1ST NOTICE  
WITHOUT PENALT  
(NOTE: PENALTIES  
HAVE INCREASED)**

## 1997 PROFIT CORPORATION ANNUAL REPORT PACKET

\$165.00

**\* FILE NOW. FILING FEE IS ~~\$200.00~~ \***

THE LAW MAKES NO PROVISION FOR ANY EXTENSION OF TIME FOR THE FILING OF THE CORPORATION ANNUAL REPORT OR FOR WAIVING THE \$385.00 LATE FEE.

**IMPORTANT NOTICE:** It is the responsibility of the corporation to insure that the annual report is received and filed by this office on or before May 1, 1997. Your cancelled check will be your filing acknowledgement unless a certificate of status is requested and an additional \$8.75 is submitted to cover its fee. ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.

**This packet contains:**

- General Instructions for Form Completion
- 1997 Profit Corporation Annual Report Form
- Section 607.1622 and 607.193, Florida Statutes
- Return Envelope

*1 904 478 700  
1 904 478 605*