

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:01

**DOCUMENT # M66327 (1)**

1. Corporation Name  
**NATIONWIDE WHEELCHAIR LIFT, INC.**

Principal Place of Business  
**1536 CYPRESS AVENUE  
MELBOURNE FL 32935**

Mailing Address  
**1536 CYPRESS AVENUE  
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE.

|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified<br><b>01/26/1988</b>  | 3a. Date of Last Report<br><b>04/07/1994</b> |
| 21                             |         | 28                  |         | 4. FEI Number<br><b>59-2868462</b>  | Applied For<br>Not Applicable                |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 22                             |         | 27                  |         | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |  |
| City & State                   |         | City & State        |         | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23                             |         | 26                  |         |   |  |
| Zip                            | Country | Zip                 | Country |   |  |
| 24                             | 25      | 29                  | 30      |   |  |

9. Name and Address of Current Registered Agent

**HIMMER, MARY ANN  
401 4TH AVE  
MELBOURNE BCH FL 32951-0543**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | NAME   | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD                         | HIMMER, ROBERT L.<br>401 4TH AVE<br>MELBOURNE BCH FL 32951     | 12 NAME   |   |
|                            |  | 13 STREET ADDRESS                                     |   |
|                            |  | 14 CITY - ST - ZIP                                    |   |
| TD                         | HIMMER, MARY ANN<br>401 4TH AVE<br>MELBOURNE BCH FL 32951-0543 | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 22 NAME   |   |
|                            |  | 23 STREET ADDRESS                                     |   |
|                            |  | 24 CITY - ST - ZIP                                    |   |
| VPD                        | JASON M. HIMMER<br>401 4TH AVE<br>MELBOURNE BCH FL 32951-0543  | 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                                    |   |

CR2E034 (3/95)

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 110.07(3)(b), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **Jes - 6-8-95**  
Date (Month/Day/Year)