

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000056894 (5)**

1. Corporation Name
ALL MAKES LIFT SERVICE, INC.



Principal Place of Business: **417 ENTERPRISE STREET OCOEE FL 34761**
Mailing Address: **417 ENTERPRISE STREET OCOEE FL 34761**

3. Date Incorporated or Qualified: **07/24/1995**
3a. Date of Last Report: **07/24/1995**
4. FEI Number: **59-3324688**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **BAIRD, BRIAN J 225 EAST ROBINSON STREET, SUITE 450 ORLANDO FL 32801**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85, Zip Code: **FL**

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. Thereby, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	SEWELL, TOM	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	11015 ORANGESHIRE COURT	2. NAME:	
STREET ADDRESS:	OCOEE FL 34761	3. STREET ADDRESS:	
CITY-ST-ZIP:		4. CITY-ST-ZIP:	
TITLE: D	CARLILE, DAN	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	1584-203 S.R. 50	6. NAME:	
STREET ADDRESS:	CLERMONT FL 34711	7. STREET ADDRESS:	
CITY-ST-ZIP:		8. CITY-ST-ZIP:	
TITLE:		9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-ST-ZIP:		12. CITY-ST-ZIP:	
TITLE:		13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-ST-ZIP:		16. CITY-ST-ZIP:	
TITLE:		17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-ST-ZIP:		20. CITY-ST-ZIP:	

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 Public encumbered 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 to an address.

SIGNATURE: **Thomas R. Sewell Jr. 4/9/96** 407-877-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)