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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

101

1. Corporation Name LIFTER, INCORPORATED. Principal Place of Business Mailing Address											
Principal Place of Business 18425 NW 2ND AVE #305 P.O. BOX 694645 MIAMI FL 33169		18425 P.O. E	Mailing Address 18425 NW 2ND AVE #305 P.O. BOX 694645 MIAMI FL 33169								
		MIAMI				3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1961 07/28/1995					
2. Principal Plac	ce of Business	2a. Maili 26	ing Address				4. FEI Number 59-0976708				Applied For Not Applicable
Suite, Apt. #, etc. City & State		Suite 27	Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status D	esired	IX		.75 Additional ee Required	
		F					,				O May Be d to Fees
7 _(p)	Country 25	Ζιρ 29		Cour 30	try		This corporation has l Florida Statutes	Ye:	s 🔲 No		199.032,
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address	of New	Registere	d Agent	<u> </u>
					B1 1	Name					
LIFTER, BENNETT M. 18425 NW 2ND AVE #305					B2 S	Street Addr	ess (P.O. Box Number is Not Acceptable)				
	FL 33169			Ī	83						
17117 21117 7				-	84	City			F	85 2	ıp Code
11. Pursuant to	the provisions of Sections 607.050)2 and 607.150	08 Florida Statu	tes the abov	.0.00	med corpor	ration submits this statement	for the pu	urpose of c	changing its	registered offic d agent. I am
familiar with SIGNATURE	n, and accept the obligations of, Sec	rida. Such cha etion 607.0505	nge was aumon, , Florida Statute	zed by the o	orpon	ation 8 boa	rd of directors. I hereby accepted when renstating	pt the ap	pointment i		
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SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/96 (305) 652-5506