## 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 # 291147

(7)

FILED										
Feb 25 1998 8:00am	1									
Secretary of State										

HEAVY	LIFT SERVICES, INC.										
Deimain at Dia a	Th:	44-17	A distance								
Principal Plac		_	Address								
155 E. PORT ROAD											
WHS. B RIVIERA BCH FL 33419 RIVIERA BEACH FL 33404 US						DO NOT WRITE IN THIS SPACE					
US							3. Date Incorporated or Qualified				
	<u> </u>						03/23/1965				
<del></del>	lace of Business	2a. Mail	ing Address				4. FEI Number		Ar	pplied For	
21		26					59-1097869			ot Applicable	
Suite, Apt.	#, <del>e</del> tc.		e, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State	^	27	& State							equired	
23	8	28	b. State				6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country	Zip		Coi	untry	,				to Fees	
24	25	29		30	,		<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>	_	_ ′ _	] No	
	9. Name and Address of Curren		Agent	1001	Ι		10. Name and Address of New Re			<u> </u>	
DIA	S,ROBERT A				81	Name					
	10 LOXAHATCHEE RIV RD				82	Ctroot Addro	ss (P.O. Box Number is Not Acceptal	516)	<u></u>		
	PITER FL 33458				02	Street Addre	ss (F.O. Box laumber is last Acceptat	лө)			
			5.6		83						
					84	09.1			Taal Si		
					64	City		FL	<b>85</b> 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 ago			TE Registere	d Age	ant signature required	d when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	PD NAC DODEDT A		☐ DELE <b>te</b>	1.1 To					Change	Addition	
NAME	DIAS, ROBERT A	,		1.2 N							
STREET ADDRESS	19010 LOXAHATCHEE RIV RI	,				ADORESS					
CITY-ST-ZIP TITLE	JUPITER, FL 00000 VD		DELETE	1.4 C 2.1 Ti		1-ZIP			Change	Addition	
NAME	COLLIER, ROLAND H		C) beeck	22 N					Criarige		
STREET ADDRESS	5904 SW WOODHAM ST					ADDRESS					
l.	PALM CITY FL										
CITY-ST-ZIP TITLE	VD		DELETE	3.1 Tr		ST-ZIP		<del></del>	Change	Addition	
NAME	DIAS, GLEN A			3.2 N							
STREET ADDRESS	16295 134TH TERRACE N.					ADDRESS				ļ	
CITY-ST-ZIP	JUPITER FL					ST-ZIP				1	
TITLE	Š		DELETE	4.1 Ti		31-211			Change	Addition	
NAME	ALEXANDER, PAMELA A		_	4. 2 N				•			
STREET ADDRESS	147 SUN LANE					ADDRESS				1	
CITY-ST-ZIP	PANAMA CITY BEACH FL 324	413		4.4 CI							
TITLE			DELETE	5.1 TI					Change	Addition	
NAME			-	5.2 N				•	'9-		
STREET ADORESS						ADDRESS					
CITY-ST-ZIP				5.4 CI							
TITLE			DELETE	6.1 TI		1 1.0			Change	Addition	
NAME				6.2 N/				'			
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CI							
14. I hereby c	ertify that the information supplied w	ith this filing d	oes not qualify fo	or the exe	mpt	tion stated in S	ection 119.07(3)(i), Florida Statutes. (	further cer	tify that the	information	
14. I 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 frustee 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.											