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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 582435

1. Corporation Name

(4)

FLORIDA LIFT TRUCK & GOLFCART, INC.

Principal Place of Business Mailing Address

PAID DATE 4-24-96
CHECK NO. 16044
AMOUNT \$ 8.00.00



	Mailing Address			3. Date Incorporated or Qualified	3a. Date of Last Rep	ort
	Mailing Address			08/15/1978	03/16/1999	
11				4. FEI Number	<u> </u>	plied For
21 26				59-2292693		ot Applicable
Suite, Apt. #, etc. 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00	•
23 28		т		Trust Fund Contribution	Added	to Fees
7 ip Country	Zip	Count	ý	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
24 25 29				Florida Statutes Yes No  10. Name and Address of New Registered Agent		
g. Name and Address of Current Regis	tered Agent	В	1 Name	10. Name and Address of New II	egistoreo Agont	· ·
PPPPAA 118A			1			
			82 Street Address (P.O. Box Number is Not Acceptable)			
4861 S.W. 147TH CT.		8	3			
MIAMI, FL		Ľ				<del></del>
33185		8	4 City		FL B5 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 60	7 1609 Florida Statutos	e the above	-named corror	ration submits this statement for the nur	nose of changing its re-	aistered office
or registered agent, or both, in the State of Florida. Such familiar with, and accept the obligations of, Section 607.	i change was authorize	d by the co	poration's boa	ard of directors. I hereby accept the appoint	ointment as registered a	igent. I am
SIGNATURE		2 B 3 3 3 3 4			DATE	
Signature - typod or printed name of registered agent and title it a  OFFICERS AND DIRECT		13.	jent signature require	ADDITIONS/CHANGES TO OFF		S IN 12
12. OFFICERS AND DIRECT	DELETE	1. 1 THE	F	ADDITIONS OF IMAGES TO SEE	Change	Addition
NAME GARCIA, ALBERTO F.		1.2 NAM		•		<del></del>
STHEET ADDRESS 510 E 49TH STREET			ET ADDRESS			
LHALEALI EL			- ST-ZIP			
CITY-ST-ZIP MALEAR FL TILLE P	DELETE	2 1 7171			Change	Addition
NAME BERROS, LUIS		2.2 NAM	Ε			
STREE ADDRESS 4861 S.W. 147TH CT.		2.3 \$189	ET ADDRESS			
CITY-ST-ZIP MIAMI, FL 00000			- \$T-ZIP			
TITLE	DELETE	3. 1 TITL			☐ Chançe	Addition
NAME		3 2 NAW	E			
STREET ADDRESS		3.3. \$1R	EET ADDRESS			
CHY-ST-7IP		3.4 CITY	- ST - 7IP			- <u></u>
THE	DELETE	4 1 TITU	E		Change	Addition
NAME		4.2 NAM	E			
STREET ADDRESS		4.3 STR	ET ADDRESS			
CITY-ST-ZIP		4.4 CITY	- S1 - ZIP			Brook a second
THE	DEFELE	5. 1 TITI	i i		☐ Change	Addition
NAME		5 2 NAN	E			
STREET ADDRESS		5 3 STR	EET ADDRESS			
CITY-SF-ZIP			-ST-ZIP			T 1444
TITLE	☐ DELETE	6. 1 1(7)			Change	■ Addition
NAME		62 NAN	IE			
STREET ADDRESS		63STR	EET ADDRESS			
CITY-ST-ZIP  14. I do hereby certify that the information supplied with this		6.4 CITY	- S1 - ZIP	7 - M	OZIONA Florido Chiatata	n I further

4. 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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-34-96-30-10 Dayting Phone #