

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 6: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001482790
-05/10/95--01072--017
****200.00 ****200.00

DOCUMENT # 692548
1. Corporation Name

UNITED FORKLIFT CORPORATION

Principal Place of Business: 3459 N. W. 65th Street, Miami, FL 33147
Mailing Address: 600 S. Andrews Avenue, Suite 400, Fort Lauderdale, FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21		26		06/30/1981	3/3/94
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
22		27		59-2116837	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	Florida Statutes
24	25	29	30	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation has liability for intangible tax under S. 199.032.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Bruce D. Green, P. A. 888 S. Andrews Avenue Suite 308 Fort Lauderdale, FL 33316				81 Name	Bruce D. Green		
				82 Street Address (P.O. Box Number is Not Acceptable)	600 South Andrews Avenue		
				83	Suite 400		
				84 City	Fort Lauderdale	FL	85 Zip Code
							33301

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 of Agent)
NOTE: Registered Agent signature required when submitting.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T	1.1 TITLE	Pres/Sec/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, CHARLES	1.2 NAME	HATHAWAY, CHARLES
STREET ADDRESS	3459 N. W. 65th Street	1.3 STREET ADDRESS	3459 NW 65th Street
CITY ST ZIP	Miami, FL 33147	1.4 CITY ST ZIP	Miami, FL 33147
TITLE	VP/S	2.1 TITLE	SrVP/Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAUL A.	2.2 NAME	MOORE, PAUL A.
STREET ADDRESS	3459 N. W. 65th Street	2.3 STREET ADDRESS	3459 N.W. 65th Street
CITY ST ZIP	Miami, FL 33147	2.4 CITY ST ZIP	Miami, FL 33147
TITLE	VP/D	3.1 TITLE	VP/Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FACENTE, JAMES	3.2 NAME	FACENTE, JAMES
STREET ADDRESS	3459 N. W. 65th Street	3.3 STREET ADDRESS	3459 N.W. 65th Street
CITY ST ZIP	Miami, FL 33147	3.4 CITY ST ZIP	Miami, FL 33147
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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: 3-21-95 305-888-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR