

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 692548

(1)

1. Corporation Name

UNITED FORK LIFT CORPORATION

Principal Place of Business

3459 N.W. 65TH ST.
MIAMI FL 33147
US

Mailing Address

% 600 S. ANDREWS AVE.
SUITE 400
FT. LAUDERDALE FL 33301

2. Principal Place of Business

21 1901 NW 18 St., Bldg. H

Suite, Apt. #, etc.

22 City & State

23 Pompano Beach, FL

Zip

Country

24 33069

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1981

3a. Date of Last Report

03/22/1996

4. FEI Number

59-2116837

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

GREEN, BRUCE D.
600 S. ANDREWS AVE.
SUITE 400
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME HATHAWAY, CHARLES
STREET ADDRESS 3459 NW 65TH STREET
CITY-ST-ZIP MIAMI FL 33147☐ DELETETITLE VPS
NAME MOORE, PAUL A.
STREET ADDRESS 3459 NW 65TH STREET
CITY-ST-ZIP MIAMI FL☐ DELETETITLE VPD
NAME FACENTE, JAMES
STREET ADDRESS 3459 65TH ST.
CITY-ST-ZIP MIAMI FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME Hathaway, Charles
1.3 STREET ADDRESS 1901 NW 18th STREET, BLDG. H
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33069☒ Change ☐ Addition2.1 TITLE VSD
2.2 NAME Moore, Paul A.
2.3 STREET ADDRESS 3459 N.W. 65 Street
2.4 CITY-ST-ZIP Miami, FL☒ Change ☐ Addition3.1 TITLE VSD
3.2 NAME Facente, James
3.3 STREET ADDRESS 1901 NW 18th Street, Bldg. H
3.4 CITY-ST-ZIP Pompano Beach, FL 33069☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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:

James Facente

1-31-97

Date

954/911-9440

Daytime Phone #

CR2E034 (9/96)