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

PROFITY - 1/4 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90053 030 ***150.00

DOCUMENT :	# 0005	
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~1. Corporation	Name U32340	,	-	Company The		
UNITED FORK LIFT CORPORATION					A MARINE BUILD NORTH BUILD NEW AND BUILD B	8:81: :8 4 1
Principal Place	of Business	Mailing Address		_	1 1897(8 Britin 19718 URB) Nevir arman dines armen	*****
1901 NW 18TH ST % 600 S. ANDREWS AVE. BLDG H SUITE 400 POMPANO BEACH FL 33069 FT. LAUDERDALE FL 33301 US				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
					06/30/1981	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied	For
21		26			59-2116837 Not Ap	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Zip	Country	Zip 33	Countr	/	8. This corporation owes the current year Intangible Personal Property Tax.	No I
24	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered Agent	
				Name		
Green,Bruce D.			82	Street	Address (P.O. Box Number is Not Acceptable)	
600 S. ANDREWS AVE.			02	Sirect	Address (r.o. box riginises is riot recorption)	
SUITE 400			83			
FT.LAUDERDALE FL 33301				City	- 85 Zip Code	
			1	1	FL L	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	norized by	the corp	corporation submits this statement for the purpose of changing its regionation's board of directors. I hereby accept the appointment as registed	istered ered
SIGNATURE		ALOTE D	. Island Ann		DATE .	'
			13.	ant signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TILE I	PST	DELETE	1.1 TITLE			Addition
NAME	HATHAWAY, CHARLES		1.2 NAME		Hathaway, Charles	
STREET ADDRESS	3459 NE 18TH ST BLDG H		1,3 STREE	T ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1,4 CITY-1		Pompano Beach FL 33069	
TTT E	VOD	□ DELETE	2.1 TITLE		Change [Addition

2.2 NAME NAME MOORE, PAUL A. 2.3 STREET ADDRESS 3459 NW 65TH STREET STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition XX Change DELETE 3.1 TITLÈ **VSD** TITLE **VS** 3.2 NAME Facente, James 1901 NW 18th St Bldg H NAME FACENTE, JAMES 3.3 STREET ADORESS 1901 NW 18TH ST BLDG H STREET ADDRESS 3.4. CITY-ST-ZIP Pompano Beach FL 33069 POMPANO BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 supplied 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 by the receiver of 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 changes or given betachment with an address, with all other like empowered.

SIGNATURE:

NATURE OF ASSISTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 954/971-9440 Destrict Phone #