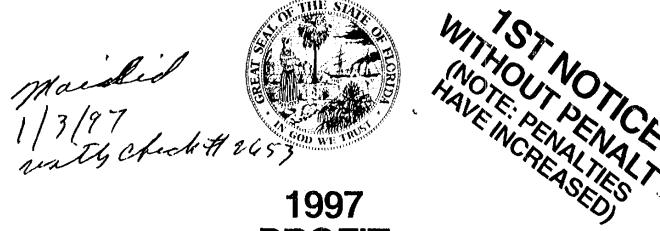
. FILE NOW: FILING FEE AFTER MAY 1 🕏 \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 JUL 10 AM 9: 17 DIVISION OF CORPORATIONS 1997 DOCUMENT # (20 SECRETARY OF STATE TALLAHASSEE, FLORIDA BERT AND ANNIE'S FORKLIFT Principal Place of Business 1817 DONNA 3. Date incorporated or Qualified 3a. Date of Last Report Applied For Not Applicable \$8.75 Additional Fee Required City & State 6. Election Campaign Enancing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has hability for intangible tax under s. 199.032, Yes D No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NORBERT A. SCHAFFER NORBERT A. SCHAFFER Street Address (P.O. Box Number is Not Acceptable) 2040 UPLAND RD 82 83 WEST PALM BEACH,FL 33409 WEST PALM 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. Lam familiar with, and accept the obligations of, Syction 607.0505, Florida Statutes. enteresting)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (NOTE: Registered Agent signature required when relistating) 12. 13. Change Ade tion THILE 1.111ILE 800002240048--7 -07/16/97--01109--004 NAME 1.2 NAME 1.3 STEEL LADDRESS ****165.00 ****165.00 CHTY-\$1-7IP 1.4 OBY-S1-7IP ☐ Change ☐ Addition DELFTE THILE 2.1 1011. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CHY- ST-ZIP DELFTE ___ Change ____ Addition THLE 3 1 11111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDIESS CITY - S1 - 7(P 34 CHY-51-7P DELETE Change Addition 4110:1 THE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 7(f) CITY-ST-7P Derette Change Addition TITLE 5.1.1HTE 5.2 NAML NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - \$1 - ZiP CITY-ST-ZIP DELL'HE 611011 TITLE G 2 NAME NAMI STREET ADDRESS **G.3 STRULT ADDRESS** CITY - ST- ZIP 14. I do hereby certify that the information supplied with his foing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armus' report of supplierental annual report is true and accurate and that my signature shall have the same legal effect as if made under earling that I am an officer or director of the corporation or the receiver or trustee employeded 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.

6 193/97 561683-3348

Pg.2012

FLORIDA DEPARTMENT OF STATE



PROFIT CORPORATION ANNUAL REPORT

PACKET

\$165.00

* FILE NOW. FILING FEE IS \$200:00 *

THE LAW MAKES NO PROVISION FOR ANY EXTENSION OF TIME FOR THE FILING OF THE CORPORATION ANNUAL REPORT OR FOR WAIVING THE \$385.00 LATE FEE.

IMPORTANT NOTICE: It is the responsibility of the corporation to insure that the annual report is received and filed by this office on or before May 1, 1997. Your cancelled check will be your filing acknowledgement unless a certificate of status is requested and an additional \$8.75 is submitted to cover its fee. ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.

This packet contains:

- General Instructions for Form Completion
- 1997 Profit Corporation Annual Report Form
- Section 607.1622 and 607.193, Florida Statutes
- Return Envelope

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