


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

APPROVED
AND
FILED

pg. 1 of 2

97 JUL 10 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F29233 1. Corporation Name BERT AND ANNIE'S FORKLIFT SERVICE INC		

Principal Place of Business 1817 DORRAN Bd W.P.B. FL 33409		Mailing Address 2040 UPLAND RD W.P.B. FL	
2. Principal Place of Business 21 1817 DORRAN Rd Suite Apt #, etc.	2a. Mailing Address 26 2040 UPLAND RD Suite Apt #, etc.	3. Date Incorporated or Qualified 7/78	3a. Date of Last Report 1996
22 City & State W.P.B. FL	27 City & State W.P.B. FL	4. F.I.I. Number 54-7086708	Applied For Not Applicable
23 Zip 33409	24 Country R.B.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29	30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NORBERT A. SCHAFER 2040 UPLAND RD WEST PALM BEACH, FL 33409	
---	--

10. Name and Address of New Registered Agent 81 Name NORBERT A. SCHAFER 82 Street Address (P.O. Box Number is Not Acceptable) 2040 UPLAND RD 83 84 City WEST PALM BEACH FL 85 Zip Code 33409	
---	--

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: *Norbert A. Schaffer* DATE: 6/23/97
Signature: typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE PRESIDENT NORBERT A. SCHAFER 2040 UPLAND RD W.P.B. FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002240048-7 -07/16/97--01109--004 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norbert A. Schaffer* DATE: 6/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

pg. 2 of 2

FLORIDA DEPARTMENT OF STATE

*Mailed
1/3/97
with check # 2653*



**1ST NOTICE
WITHOUT PENALT
(NOTE: PENALTIES
HAVE INCREASED)**

1997 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

*1 904 478 700
1 904 478 605*

DIVISION OF CORPORATIONS