SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000002666 (5)**

1. Corporation Name
TRANSLIFT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
PO BOX 470 **MARYSVILLE KS 66508**	**PO BOX 470** **MARYSVILLE KS 66508**

3. Date Incorporated or Qualified: **05/23/1994**	3a. Date of Last Report: **01/25/1995**
4. FEI Number: **48-1139061**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt # etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WICKMAN, TERRY D
4308 W. OSBORNE AVE
TAMPA FL 33614

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANDOLL, DONALD R		1.2 NAME	
STREET ADDRESS	1900 NORTH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARYSVILLE KS		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOYCE, THOMAS M		2.2 NAME	
STREET ADDRESS	1900 NORTH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARYSVILLE KS		2.4 CITY-ST-ZIP	
TITLE	TD	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PINTER, GERALD L		3.2 NAME	
STREET ADDRESS	1900 NORTH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARYSVILLE KS		3.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, CLARK N		4.2 NAME	
STREET ADDRESS	3098 S. HIGHLAND DR, SUITE 440E		4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT		4.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANDOLL, RICHARD C		5.2 NAME	
STREET ADDRESS	1900 NORTH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARYSVILLE KS		5.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PETERS, ARWAYNE		6.2 NAME	
STREET ADDRESS	1900 NORTH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	MARYSVILLE KS 66508		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald Landoll 6/26/96 913-562-5381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #