SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1997

(0)

FLORIDA LIFTS, INC.

| Principal Place of Business | usiness Mailing Address | | | | | | | | | |
|---|-------------------------|------------------|-------|--------------|---|---|------------|----------------|--------------------------|--|
| 2781 ENTERPRISE RD. #37 CLEARWATER FL 34619 2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address | | 37 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | |
| | | | | | | Date Incorporated or Qualified 01/18/1984 FEI Number | 04/25/1996 | | • | |
| 21 | 26 | | | | " | 59-2367775 | | - | Not Applicab | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | Certificate of Status Desired | | \$8.7 | 5 Additional Required | |
| City & State | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | | May Be | |
| Zip Country 24 25 | Zip 29 | Соц 30 | intry | | 8. | This corporation owes or has paid Personal Property Tax due June | | nt year Yes | Intangible No | |
| 9. Name and Address of Current | Registered Agent | | | | 10. | Name and Address of New Reg | Istered A | gent | | |
| STELLAR, DAVID W. | | | 81 | Name | | | | | | |
| 2781 ENTERPRISE RD. #37 CLEARWATER FL 34619-1110 | | | | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | | | |
| OLDMINALETT E OTOTO-TITO | | | 83 | ı | | | | , , | | |
| | | | 84 | City | | | FL | 85 Z | ip 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTOR | S IN 12 | | | | | |
| TITLE | DP 🗔 | DELETE | 1.1 TITLE | | Change | Addition | | | | | |
| NAME | STELLAR, DAVE | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 2781 ENTERPRISE RD. #37 | | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | CLEARWATER FL 10 | | 1.4 CITY-ST-ZIP | | | | | | | | |
| TALE | | DELETE | 2.1 10TLE | | ☐ Change | Addition | | | | | |
| NAME | | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - S1 - ZIP | | | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition | | | | | |
| NAME | | | 3.2 NAME | | | ļ | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change | Addition | | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition | | | | | |
| NAME | | | 5.2 NAME | | | ł | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | G.4 CITY - ST - ZIP | | | | | | | | |

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 logal 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 Plock 13 if changed or on an adaptment with an address.

FILED

Sep 08 1997 8:00am

Secretary of State