


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.)

APPROVED
AND
FILED

fy 1

97 JUL 31 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K05590** (0)

1. Corporation Name
LIFT-ALL, INC.

Principal Place of Business
**7815 PROFESSIONAL PLACE
TAMPA FL 33637-6745
US**

Mailing Address
**7815 PROFESSIONAL PLACE
TAMPA FL 33637-6745
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1987	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2860692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**BOOS, SCOTT
7815 PROFESSIONAL PLACE
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is not acceptable)	500002257835-0
83	08/05/97-01044-002
84 City	FL
85 Zip Code	*****165.00 *****165.00

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOS, SCOTT F	1.2 NAME	
STREET ADDRESS	7815 PROFESSIONAL PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, NATALIE B	2.2 NAME	
STREET ADDRESS	7815 PROFESSIONAL PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 **Natalie B Elliott** **7-24-97**

CR2E034 (4/97)



LIFT-ALL, INC.

7815 PROFESSIONAL PLACE

TAMPA, FLORIDA 33637-9592

Pg 2

813-980-2900
800-248-6711 FL WATS
FAX 813-985-0127

July 24, 1997

Division of Corporations
Attention: Annual Reports
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Lift-All, Inc. has enclosed the completed 1997 Annual Report and payment of \$165.00 to Department of State. When we received the "Second Notice" for filing our Annual Report, we realized at that point that we had yet to receive our "First Notice". Lift-All, Inc. has been in business since 1987 and has always filed their Annual Report and payment timely. We request that you please waive the late penalty since we have never received the first notice to file and make payment timely. Our past history should substantiate our prompt filing and payment history.

Please call me should you require additional information at 800-248-6711.
Thank you for your consideration in this matter.

Sincerely,
LIFT-ALL, INC.

Natalie B Elliott

Natalie B. Elliott
Vice President



SALES • SERVICE • RENTALS • PARTS