

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K05590 (0)**

1. Corporation Name  
**LIFT-ALL, INC.**

Principal Place of Business <b>7815 PROFESSIONAL PLACE TAMPA FL 33637-6745 US</b>	Mailing Address <b>7815 PROFESSIONAL PLACE TAMPA FL 33637-6745 US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>12/08/1987</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2860692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

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)	<del>500002257835-0</del> <del>08/05/97-01044-002</del>
83	***165.00 ***165.00
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BOOS, SCOTT F</b>	
STREET ADDRESS	<b>7815 PROFESSIONAL PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIOTT, NATALIE B</b>	
STREET ADDRESS	<b>7815 PROFESSIONAL PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*8/8/97*

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* \_\_\_\_\_ DATE *7-21-97* \_\_\_\_\_

CR2E034 (4/97)



# LIFT-ALL, INC.

7815 PROFESSIONAL PLACE TAMPA, FLORIDA 33637-9592

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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