FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS K31083 DOCUMENT # Corporation Name LIFT-RITE, INC. Principal Place of Business Mailing Address % TINA S. KATZ 2410 S.W 56TH AVE. 7511-HARBOUR BLVD HOLLYWOOD FL 33023 MIRAMAR FL 30020 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1988 09/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0064710 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 2410 S.W. SGAVE 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zin. Country 8. This corporation has liability for intangible tax under s 199.032, 29 30 Florida Statutes Yes MNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KATZ, TINA S. Street Address (P.O. Box Number is Not Acceptable), 82 7511 HARBOUR BLVD MIRAMAR FL 93023 83 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 agent, or both, in the State of Florida. Such change was authorized by the comparation'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 typed or A 5, KATZ une of registered agent and little if applicab SIGNATURE / (12/95)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 17IT/F Change Addition NAME KATZ, TINA S. 1.2 NAME CR2E034 JEHASON STREET 7511 HARBOUR BLVD STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL Hollywood FL 33521 CITY-S1-ZIP 1.4 CITY-ST-ZIP D DELETE 2 1 TITLE Change Addition KATZ, HERBERT L. NAME 2.2 NAME STREET TEFFERSON 7511 HARBOUR BLVD STREET ADDRESS 4601 2 3 STREET ADDRESS MIRAMAR FL 33021 CITY-ST-ZIP Holly WOOD FL 2.4 CITY-ST-ZIP DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP DELETE ■ Addition 4.1 TITLE ☐ Change 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE 5. 1 TITLE Change Addition

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)(k). 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 eath; 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, of on an attachment with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: V

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12.

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STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED N

DELETE

305- 916- 9106 Date Destrice Phone #

Change

Addition