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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 29 1997 8:00am

Secretary of State

314-890-2324

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Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # P39036

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NATIONAL ELEVATOR INSPECTION SERVICES, INC.

Principal Place of Business		Maining Address	Mailing Address		(1885/1881 1884 1755) EDITA ARTON JULIO BILL ALBERT MINIT ALBERT ATONI DI ALBERT DE LE LIBRE DE LE LIBRE DE L		
11088 MILL PARK DR 130 Maryland Heights Mo 63043 US			11088 MILL PARK DRIVE 130 Maryland Heights Mo 63043-3541 US				
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1992 01/30/1996		
2. Principal i	Prace of Business	28. Mailing Address			4. FEI Number	1 0,100,100	Applied For
1		26			34-1624394		Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc				\$8.7	5 Additional
2		27			5. Certificate of Status Desired		Required
City & Sta	lle:	City & State			6. Election Campaign Financing	\$5.	00 May Be
13		28			Trust Fund Contribution		ed to Fees
Ζφ.	Country	Z ₁ O	Country	у	8. This corporation has liability for i	intangible tax und	er s. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re-	gistered Agent	
	T CORPORATION SYSTEM		B1	Name			
1200 SOUTH PINE ISLAND ROAD			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
PL	ANTATION FL 33324			<u> </u>			
			83	1			
			84	City		85	ip Code
			ر ا			FL °° ′	.ip 0000
11. Pursuar	t to the provisions of Sections 607.0	502 and 607 1508, Florida Sta	tutes, the abov	re-named cor	poration submits this statement for the p	ourpose of changir	g its registere
agent 1	registered agent, or both, in the sta am famil ar with, and accept the obl	lications of Section 607.0505	as authorized b Florida Statute	iy the corpora is.	ation's board of directors. I hereby accep	or the appointmen	as registered
		3					
SIGNATURE	Shiphather Type 4 or 4 rened marrie of require edit	agent and the it applicable.	NOTE Registered Ag	jent signature requ	uired when reinslating)	DATE	
	Styriatize: Type-Lorus rened name of legistic edit	agent and the it applicable [NOTC Registered Ag	gent signature requ	uired when reinslating) ADDITIONS/CHANGES TO OFFIC		ORS IN 12
12.	Styriatize: Type-Lorus rened name of legistic edit						*****
12. ԴՈւք	Styriatize: Type-Lorus rened name of legistic edit	ND DIRECTORS	13.			ERS AND DIREC	****
12. Title NAME	OFFICERS A P MARCHACK, J.A.	ND DIRECTORS DELETE	13. 11 TITLE 1.2 NAME			ERS AND DIREC	****
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