FILED

Feb 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016964

PRICE ELEVATOR INC

BRICE	ELEVATOR, INC.] 		1 818 1 781 8 1 4 11)	
Principal Place of Business Mailing Address									
991 S STATE RD 7 BAYS G35-38 BOX 35 PLANTATION FL BAYS G35-38 BOX 35 PLANTATION FL			RD			DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
						03/04/1993			
├	Place of Business	2a. Mailing Address			· ·	4. FEI Number		A	pplied For
21 26						65-0393599		N:	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired			Additional equired
City & Sta	ite —	City & State		-		6. Election Campaign Financing		\$5.00	May Be
23					170.0	Trust Fund Contribution			to Fees
_	Zip Country Zip			ntry		8. This corporation owes the curr	ent year Inta	ingible	/
24	25		30			Personal Property Tax.		Yes	XNo
<u> </u>	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F	egistered /	gent	
SHE	EPARD & LESKAR, P.A.			81	Name				
409 SE 7 ST				82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
FT LAUDERDALE FL 33301				83			. , ,,		
			ŀ	84	City		FL	85 Zip (Code
					named corpor	ration submits this statement for the 's board of directors. I hereby accep		hanging its	registered
agent. I a SIGNATURE	and accept the op	ligations of, Section 607.0505, Florid	da Statu	tes.		,	. по сррои		9,0,0,04
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered A	gent	signature required v	when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	.E				☐ Change	Addition
NAME	BRICE, PHILIP		1.2 NAN	Æ					}
STREET ADDRESS	001 0 011112 110 1 # 00 00		1.3 STR	EET A	NODRESS				Ī
CITY-ST-ZIP	PLANTATION FL		1.4 CIT	/-ST-	ZIP				
TITLE		☐ DELETE	2.1 TITL	E				Change	☐ Addition
NAME			2.2 NAM	Æ					
STREET ADDRESS			2.3 STR	EETA	DDRESS				Í
CITY-ST-ZIP			2.4 CIT	Y-ST-	ZIP				
TITLE		DELETE	3.1 TITL	E				Change	Addition
NAME			3.2 NAM	Œ					
STREET ADDRESS			3.3 STR	EETA	DORESS				
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP				}
TITLE		☐ DELETE	4.1 TITU	E				☐ Change	☐ Addition
NAME			4. 2 NAA	đΕ					
STREET ADDRESS			4.3 STR	EET A	DORESS				
CITY-ST-ZIP			4.4 CITY		ZIP				
TITLE		☐ DELETE	5.1 TITLI					Change	☐ Addition
NAME			5.2 NAM			•			
STREET ADDRESS			5.3 STRE						
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY		ZIP	·			
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAM		1				İ
STREET ADDRESS			6.3 STRE	ETAL	DORESS				

14. I 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 on 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 appears, with all other like empowered.

MG OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP