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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000019645

OMEGA LIFT CORPORATION

Principal Place	e of Business	Mailing Address			1 (05:(05) (15 (0)) (11) ( 50()) 00 (( 05))
3630 CONSUMER WAY UNIT 101 RIVIERA BEACH FL 33404		3630 Consumer Way Unit 101 Riviera Beach Fl 33404			DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualifed     03/11/1993
2. Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Number Applied For 65-0401757 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required Fee Required
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	Zip	Coun	itry	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Corren	it registered Agent	_	81 Name	
	ENKRANZ, HOWARD CONSUMER WAY			82 Street Add	Idress (P.O. Box Number is Not Acceptable)
UNIT			-	83	
RIVIE	ERA BEACH FL 33404		Ĺ		
				84 City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	nonzea	by the corporat	proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE		WOTE F			uired when reinstating) OATE
<u> </u>	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	den signature redui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D				
		☐ DELETE	1.1 TITL	<b>∓</b>	☐ Change ☐ Addition
NAME		☐ DELETE	1.1 TITL 1.2 NAM		☐ Change ☐ Addition
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	ROSENKRANZ, HOWARD	_	1.2 NAM	AE	
STREET ADDRESS	ROSENKRANZ, HOWARD 3630 CONSUMER WAY, UNIT	_	1.2 NAM	ME REET ADORESS Y-ST-ZIP	☐ Change ☐ Addition
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

Daytime Phone #