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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000028637

LIFT MASTERS OF SOUTH WEST FLORIDA, INC.

| Principal Place of Busine | ess |
|---------------------------|-----|
| P.O. BOX 5008             |     |

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90222 005 \*\*\*150.00

|   |  |                                 |  |  |  | _  |  |                                    |                 |             |                      |   |  |
|---|--|---------------------------------|--|--|--|--|--|------------------------------------|-----------------|-------------|----------------------|---|--|
| Principal Place   | e of Business  | Mailing                         | Address                                |  |  |  | 亅 '''  |                                    | 11511 88115 881 |             |                      | *************************************** |  |
| P.O. BOX 5008 P.O. BOX 5008   |  |                                 |  |  |  |  |  |                                    |                 |             |                      |   |  |
| ENGLEWOOD FL 34224 ENGLEWOOD FL 34224   |  |                                 |  |  |  |  |  | DO 1                               | NOT MOIT        | E IN THIS   | CDACE                |   |  |
|   |  |                                 |  |  |  |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |                                    |                 |             |                      |   |  |
|   |  |                                 |  |  |  |  | 3. Date in 04/19   | •                                  | Quameu          |             |                      |   | }  |
| 2. Principal P  | lace of Business   | 2a. Mai                         | ling Address                           |  |  |  | 4. FEI Nu  | mber                               |                 |             | /                    | Applied Fo                              | r  |
| 21  |  | 26                              |  |  |  |  | 65-04  | 01621                              |                 |             |                      | ot Applic                               | able   |
| Suite, Apt.   | #, etc.  | Suit                            | e, Apt. #, etc.                        |  |  |  | 5 Cortifes   | ite of Status [                    | necired         | -6          |                      | Addition                                | <u>al                                     </u>   |
| 22  |  | 27                              |  |  |  |  |  |                                    |                 |             |                      | Required                                |  |
| City & State  | e  | City                            | & State                                |  |  |  | 1  | n Campaign F                       |                 |             |                      | May Be                                  |  |
| 23  |  | 28                              |  |  |  |  | Trust F  | und Contribut                      | ion             |             | Added                | to Fees                                 |  |
| Zip   | Country  | Zip                             |  | Cou  | ntry   |  | 1  | rporation owe                      |                 | nt year Int |                      | \.                                      | Ì  |
| 24  | 25   | 29                              |  | 30   | <del>,</del>   |  |  | al Property Ta                     |                 |             | Yes                  | No.                                     |  |
|   | 9. Name and Address of Currer  | nt Registered                   | d Agent                                |  | 81 N   | Name                                     | 10. Name   | and Address                        | OT New K        | egisterea   | Agent                | <u> </u>                                |  |
| CHY   | PDELAINE, GERALD M   |                                 |  | J  | וייין וייין  | vaine                                    |  |                                    |                 |             |                      |   |  |
|   | 7 CLAYPOOL ST.   |                                 |  |  | <b>82</b> S  | Street Addr                              | ess (P.O. Box  | Number is N                        | ot Accepta      | ble)        |                      |   |  |
|   |  |                                 |  |  |  |  |  |                                    |                 | <u></u>     |                      |   |  |
| ENG   | LEWOOD FL 34224  |                                 |  |  | 83   |  |  |                                    |                 |             |                      |   | İ  |
|   |  |                                 |  |  | 84 C   | City                                     | ···  |                                    |                 | F-1         | 85 Zi                | Code                                    |  |
|   |  |                                 |  |  | <u> </u>   |  | <del></del>  |                                    | 4.6 10-         | FL          | 1                    | ta sanintos                             |  |
| 11. Pursuant  | to the provisions of Sections 607.050 egistered agent, or both, in the State   | 02 and 607.15<br>of Florida, Si | 508, Florida Statu<br>uch change was a | ites, the at<br>authorized   | bove-na<br>I by the  | amed corp<br>corporation                 | oration submit<br>on's board of d                            | s this stateme<br>lirectors. I hei | eby accep       | t the appoi | changing interest as | registered                              | eu   |
| agent. I a  | m familiar with, and accept the obliga   | ations of, Sec                  | tion 607.0505, Flo                     | orida Statu  | utes.  |  |  |                                    | , ,             |             |                      | •                                       |  |
|   |  |                                 |  |  |  |  |  |                                    |                 |             |                      |   |  |
| SIGNATURE   |  |                                 |  |  |  |  |  |                                    |                 |             |                      |   | .  |
| SIGNATURE   | Signature, typed or printed name of registered age   |                                 | cable. (NOTI                           | E: Registered  |  | nature require                           | d when reinstating)  | Neichance                          | C TO OF         | DATE        | D DIRECT             | OPS IN 1                                | 2 6  |
| 12.   | OFFICERS AN  |                                 | RS (NOTI                               | E: Registered  | Agent sign   | gnature required                         | •  | DNS/CHANGE                         | S TO OFF        |             |                      |   | Table - 1  |
| 12.<br>TITLE  | OFFICERS AN  |                                 | cable. (NOTI                           | E: Registered 13.  | Agent sign   | nature required                          | •  | NS/CHANGE                          | S TO OFF        |             | D DIRECT             |   |  |
| 12.<br>TITLE<br>NAME  | OFFICERS AN<br>D<br>CHAPDELAINE, GERALD M  |                                 | RS (NOTI                               | 13.<br>1.1 TIT<br>1.2 NA   | Agent sign   |  | •  | DNS/CHANGE                         | ES TO OFF       |             |                      |   | Idition 7  |
| 12.<br>TITLE  | OFFICERS AND D CHAPDELAINE, GERALD M 7467 CLAYPOOL ST.   |                                 | RS (NOTI                               | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 ST   | Agent sign<br>TLE<br>VME<br>TREET ADD  | DRESS                                    | •  | NS/CHANGE                          | S TO OFF        |             |                      |   | Idition  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND D CHAPDELAINE, GERALD M 7467 CLAYPOOL ST. ENGLEWOOD FL 34224  |                                 | cable. (NOTI                           | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 ST<br>1.4 CIT  | Agent sign TLE AME TREET ADD   | DRESS                                    | •  | NS/CHANGE                          | ES TO OFF       |             | Change               | e ∏ Ao                                  | Idition 77   |
| 12. TITLE NAME STREET ADDRESS   | OFFICERS AND D CHAPDELAINE, GERALD M 7467 CLAYPOOL ST. ENGLEWOOD FL 34224 D  |                                 | RS (NOTI                               | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 ST<br>1.4 CIT<br>2.1 TIT   | Agent sign TLE AME TREET ADD TY-ST-ZIF   | DRESS                                    | •  | DNS/CHANGE                         | ES TO OFF       |             |                      | e ∏ Ao                                  | Idition 7  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D CHAPDELAINE, GERALD M 7467 CLAYPOOL ST. ENGLEWOOD FL 34224 D CHAPDELAINE, RITA D                                     |                                 | cable. (NOTI                           | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 ST<br>1.4 CIT<br>2.1 TIT<br>2.2 NA   | Agent sign<br>TLE<br>AME<br>TREET ADL<br>TY-ST-ZIF<br>TLE  | DRESS                                    | •  | ONS/CHANGE                         | ES TO OFF       |             | Change               | e ∏ Ao                                  | Idition 77   |
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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.

Chapdelaine