## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034713 (6)

ECOA HYDRAULIC LIFTS, INC.

**FILED** Mar 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					TITAT OLOH TARAH MARA TIKA 4001
1000 HIALEAH DRIVE HIALEAH FL 33010		SONNENSCHEIN NATH & ROSENTHAL 601 SOUTH FIGUEROA STREET, SUITE 1500		DO NOT WRITE IN THI	IC CDACE
US		LOS ANGELES CA 80017		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
				05/13/1993	1
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1000 HINEAH DRIVE		65-0410720	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 HALEAU, 7	<u></u>	Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country 30 USA	8. This corporation owes or has paid the o	
24	25 Name and Address of Curre		30 05	Personal Property Tax due June 30.  10. Name and Address of New Registers	
9, Name and Address of Current Registered Agent HORNINGER, WILLIAM  81 Name				(D. Harrie Bild Address of Hear Insgistere	o Agoni
1000 HALEAH DRIVE					
HIALEAH FL 33010			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1 197	CEATTE 00010		83		
			64 City	F	65 Zip Code
11. Pursuant	to the provisions of Sections 607.050	progration submits this statement for the purpose	of changing its registered		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation'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.					
the second many times and obtain					
SIGNATURE	Signature, typed or printed hame of registered ag-	ent and title if applicable (NOTE:	Registered Agent signature rec	ulired when reinstating) DATE	<i>                                      </i>
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE		Change
NAME	SUGIURA, WATARU	-	1.2 NAME		
STREET ADDRESS	5651 EAST FRANCIS STREET	ł	1.3 STREET ADDRESS		Į.
CITY-ST-ZIP	ONTARIO CA		1.4 CITY- ST-ZIP		
TITLE	VP	☐ DELETE	2.1 和TLE		Change Addition
NAME :	HOGG, SAMUEL		2.2 NAME		
STREET ADDRESS	C/O 1000 HIALEAH DRIVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL TCFO	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE	HORNINGER, WILLIAM	DELETE	3.1 TITLE 3.2 NAME		Change
NAME OTRETT ADORECE	C/O 1000 HIALEAH DRIVE				
STREET ADORESS	HIALEAH FL		3.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE	S	DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME	HAHN, ELLIOT	beerie	4.2 NAME		want account.
STREET ADDRESS	C/O 1500; 601 S. FIGUEROA	STREET	4.3 STREET ADDRESS		ì
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY - ST - ZIP		1
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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.

SIGNATURE: