PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # P93000034713

1. Corporation Name

ECOA HYDRAULIC LIFTS, INC.

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

04-29-1999 90281 038 ***150.00

						1	<u> </u>			,
Principal Plac	ce of Business	Mailing Address				7				
1000 1	HIALEAH DRIVE	1000 HIALEAH D	R.							
HIALE	ALEAH, FL 33010 601 SOUTH FIGUR					DO NOT WRITE IN THIS SPACE				
US					. =	3. Date Incorporated or Qualifed				
. –		HIALEAH, FL330	10			05	/13/1993			
2. Principal F	Place of Business	2a. Mailing Address				1 .	Number			Applied For
ი¦ <u></u>		26 1000 HIALEAH	DR.			65	-0410720			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Ce.	rtifcate of Status Desired		•	Additional
22	 	27				↓				Required
City & Sta	te	City & State					ction Campaign Financing			May Be
Zip	Country	Zip FI.	Cou	oto			et.Fund.Contribution			dito Food 💳
\neg		——————————————————————————————————————	_	US		1	s corporation owes the curresonal Property Tax.	ent year Int	angible Yes	□No
24	9. Name and Address of Current			 			me and Address of New F	Penistered		
	5. Name and Address of Outtern	registered Agent		81	Name	10. 114	me and Addition of New 1	tegister ear	Aguin .	
HORNTI	NGER WILLIAM		ļ		THO	MAS G				
	HIALEAH DR.			82			Box Number is Not Accepta LEAH DR.	ible)		
	AH, FL 33010			83	100	<u> </u>	HIMH DIC.			
7	,									
÷				84	City	T 12 A TI	ET 22010	FL	85 Zip	Code
Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the al	L_L			FL 33010		changing it	s registered
office or i	registered agent, or both, in the State o	if Florida. Such change was aut	horized	l by the	e corporation	n's board	of directors. I hereby accep	the appoir	ntment as r	egistered
agent. I a	am familiar with, and accept the obligati			ites.		, ,		1111	n Ion	
SIGNATURE	Signature by an or printed name of registered agent	Thomas Co	YU		gnature required	TOI when reinsta	ler	DATE	7/77	
12.	OFFICERS AND		13.				ITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 111	LE .	T				Change	
NAME	SUGIURA, WATARU		1.2 NA	ME	KEV	TN T	RILEY			
STREET ADDRESS	1	rrre	1.3 ST	REETAD	172.5		T FRANCIS STRE	et .		
CITY-ST-ZIP	ONTARIO. CA		1.4 CI	ry-ST-Z		ARIO	CA			
TITLE	VP	DELETE	2.1 TIT	ILE	S				Change	Addition
NAME	HOGG SAMUEL		2.2 NA	ME			JONES			•
STREET ADDRESS	J	o t Vir	2.3 ST	REETAC	DRESS 565	1 E.	FRANCIS STREET			
CITY-ST-ZIP	C/O 1000 HIALEAH DI	VT A E	2. 4 CI	TY-ST-Z	ONT	ARIO	CA 91761			
TITLE	HIALEAH, FL.	DELETE	3.1 TIT	LE _	v	·			Change	Addition
IVAVIE	S		-3.2 NA	ME	ROB	ERT-M	-STONE			<u> </u>
STREET ADDRESS	HAHN, ELLIOT		3.3 ST	REETAD	DRESS C/O	1000	HIALEAH DRIVE		4	
CITY-ST-ZIP	C/O 1500; 601 S. FIG		3.4. CI	TY-ST-Z	[™] HTA	LEAH	FL			
TITLE	LOS ANGELES,	CA DELETE	4,1 TiT		V				☐ Change	Addition
NAME	}		4.2N	WE.	ROB	ERT L	CLARK			•
STREET ADDRESS			4.3 ST	REET AD	DRESS C/O	1000	HIALEAH DRIVE			
CITY-ST-ZIP			4.4 C∏	Y-ST-Z	ЧТТ А	LEĂĦ,	FL 33010			
TITLE		☐ DEL€TE	5.1 TIT						☐ Change	☐ Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET AD	DRESS					
CITY-ST-ZIP			_	Y-ST-ZI	P .					
TITLE		☐ DELETE	6.1 TIT	LE					☐ Change	Addition
NAME]		6.2 NA	ME						
STREET ADDRESS			6.3 ST	REETAD	DRESS					
	1		E A CIT	V 0T 70	ь					

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.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

(909) 390-0055

Daytime Phone #

R2E034 (11/98