FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000081761 (7)

ROSS LIFTS, INCORPORATED

Principal Place of Business

Mailing Address



Maling Adore				Actoress			A STATE OF THE PERSON NAMED OF THE PERSON NAME	
9822 SAN SEBASTIAN WAY PORT RICHEY FL 34668			9822 SAN SEBASTIAN WAY PORT RICHEY FL 34668					
							3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1993 04/11/1995	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21			26				59-3210848 Not Applicable	
Suite, Apt. #, etc,			Suite, Apt. #, etc.				\$9.75 Additional	
City & State			-Jan				5. Certificate of Status Desired Fee Required	
23			City & State				6. Election Campaign Financing \$5.00 May Be	
Zip	Country 7ip			-T			Trust Fund Contribution Added to Fees	
24	25	29	⊢ ,,,				8. This corporation has liability for integrable tax under s 199.032,	
9, Name and Address of Current R			Stered Agent				Florida Statutes Yes SNo	
					81	Name	10. Name and Address of New Registered Agent	
ROSS	ROBERT E							
9822 S		1	82	Street A	et Address (P.O. Box Number is Not Acceptable)			
PORT RICHEY FL 34668					83			
. •	10112112 04000							
					84	City	■ 85 Zip Code	
11. Pursuant to	o the provisions of Sections 607 050	2 and 607	1508 Florida Statut	on the ake			orporation submits this statement for the purpose of changing its registered office	
or registere	ed agent, or both, in the State of Flor	ida. Such	change was authoriz	ed by the c	orpo	oration's b	corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent, I am	
	h, and accept the obligations of, Sec	tion 607.0	505, Florida Statutes	.			y try was approximent do registered agent, i arm	
SIGNATURE	Signature, typed or printed hanne of registered agen	Land title if an	ndrable me	116 : Dog otors d			required whom reinstating DATE	
12.	OFFICERS AN			13.	Agun:	: signature rei		
TOLE	DP		DELFTE	1 1 71	7LF	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ROSS, ROBERT E 9822 SAN SEBASTIAN WAY PORT RICHEY FL 34668				12 NAME		Change Addition	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP					1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
TITLE	DST		DELETE	2 1 Ti		- 21	Change Addition	
NAME	ROSS, JOANN E			2.2 NA		l	Change Addition	
STREET ADDRESS	9822 SAN SEBASTIAN WAY	1		4	2 3 STREET ADDRESS			
CITY - ST - ZIP	PORT RICHEY FL 34668			2 4 CITY-S1-7IP				
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NAME				3.2 NA			Companyo Modition	
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CITY-ST-ZIP				3 4 CIT			ļ	
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NAME				4.2 NA	ME		, and the second	
STREET ADDRESS				4.3 ST	REET A	ADDRESS		
CITY-SI-ZIP				4401	Y - SI	ZIP		
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NAME				5.2 NAI	M£		ا الاستان عند السبب الاستان الدينة الاستان الدينة الاستان الدينة الاستان الدينة الدينة الدينة الدينة الدينة ا	
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CITY-ST-ZIP				5 4 CIT	Y-SI	- 715		
THLE			DELETE	6 1 1:1	LF		Change Addition	
NAME				6.2 NAM	ΝĒ		man Control	
STREET ADDRESS				63 STR	EET A	DORESS		
City-St-Zip 14. I do hereby certify that the information purplied with this flice would				6.4 CIT	Y- \$T-	- Z IP		
Ma. LOO Dereby	Certify that the information supplied u	vith this fili	no to trademake it of the	-1		····		

4. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND YPED ON PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

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