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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070824 (5)

FASTLIFT, INC.

Mailing Address Principal Place of Business 218A EAST EAU GALLIE BLVD., NO. 58 218A EAST EAU GALUE BLVD., NO. 58 INDIAN HARBOR BEACH FL 32937-4875 INDIAN HARBOR BEACH FL 32937 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 09/26/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3184715 Not Applicable 21 26 Suite. Apt. #. ctc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible fax under s. 199.032, Florida Statutes Yes X No Yes 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 MANNION, DENNIS 218A EAST EAU GALLIE BLVD., NO. 58 Street Address (P.O. Box Number is Not Acceptable) INDIAN HARBOR BEACH FL 32937 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TOLE 1.1 TITLE MANNION, DENNIS NAME 1.2 NAME 440 RIO CASA DRIVE NORTH 1.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addilion THILE 2.1 TITLE HAMILTON, TAMARA 2.2 NAME NAME 311 SUNSET BLVD. 2.3 STREET ADDRESS STREET ADDRESS **MELBOURNE BEACH FL 32951** 2. 4 CITY - ST-ZIP Crity-SI-ZiP DEFELLE Change Addition THILE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - S1 - ZIP 34 CITY-ST-ZIP Change Addition DELETE TOTLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CIPY SI-ZP 4.4 CITY - ST - ZIP DELETE 51 TITLE Change Addition THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CH1Y - S1 - ZIP DELETE 6.1 TITLE Change Addition TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CHTY - ST - ZIP 14. For 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 path; that I am an efficer 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

SIGNATURE:

NAME STREET ADDRESS

CHY-ST-7P

FILED

Feb 25 1997 8:00am

Secretary of State

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