## 4-28-97 10 5649 M/C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000000921 (3)**

## FILED Apr 28 1997 8:00am Secretary of State

MATERIAL HANDLING SERVICES, INC.  Principal Place of Business Mailing Address  441 HARBOR DR. SOUTH INDIAN ROCKS BEACH FL 33785  Mailing Address  HARBOR DR. SOUTH INDIAN ROCKS BEACH FL 33785-3118											
								<ol> <li>Date Incorporated or Qualification</li> <li>01/03/1995</li> </ol>		Date of Last 7/18/1996	
2. Principal f	Place of Bus	inoss	2a. Mailing Ac	ddress				4. FEI Number			Applied For
21			26					65-0547654	<del> </del>		Not Applicable
Suite, Apt	#, etc		Suite, Apt.	. #, eic.				5. Certificate of Status Desired	a 🗅	<b>—</b> — — —	Additional Required
City & Sta	ate		City & Stat	ite				6. Election Campaign Financia	ng		May Be
23			28				·····	Trust Fund Contribution			d to Fees
Zip 		Country	Zip	}	Countr	Гy		8. This corporation has liability			s. 199.032,
24	Q Nam	25 and Address of Curr	29		30			Florida Statutes  10. Name and Address of Net	Yes		
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		DR. SOUTH			82	1 6	root Addre	ess (P.O. Box Number is Not Acce	antable)		
		S BEACH FL 33785					ibel Addie	ssa (r.O. BOX 1401100) la 1401 ACO	epianie)		
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					84	4 Ci	tv			. 85 Z	p Code
									F		
THE FUISUAN	I to the provi	isions of Sections 607.0	502 and 607 1508, Flo	lorida Statute	es, the above	∨е-па	med corpo	bration submits this statement for	the purpose	C. Silvanging	
office or agent 1: SIGNATURE								oration submits this statement for on's board of directors. I hereby a			as registered
SIGNATURE		ed or printed name of registered a	agent and lide if applicable					oration submits this statement for on's board of directors. I hereby a continuous distribution of the continuous distribution of the continuous distribution of the continuous distribution of the continuous distribution on the continuous distribution of the continuous distributio	DATE		
		ed or printed name of registered a	agent and line if applicable		Registered A	gent sig		id when reinstating)	DATE		ORS IN 12
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I do hereby certify that the information supplied with this thing does not quality 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 have an officer or directly given corporation or the receiver or trustled employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or but 13 is barried, or on in attromisent with the appears in Block 12 or but 13 is barried, or on in attromisent with the appears in Block 12 or but 13 is barried, or on in attromisent with the appears in Block 12 or but 13 is barried, or on in attromisent with the appears in Block 12 or but 13 is barried.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 813-596-1631

nasari