


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

FILED
Apr 29 1997 8:00am
Secretary of State

| | | | | | |
|--|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P95000011536 (6) | | | | | |
| 1. Corporation Name PRECISION LIFTS, INC. | | | | | |
| Principal Place of Business 740 SOUTH DEERFIELD AVENUE SUITE 6 DEERFIELD BEACH FL 33441 US | | | Mailing Address 740 S DEERFIELD AVENUE SUITE 6 DEERFIELD BEACH FL 33441-5386 US | | |



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|--|--|---|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 21 730 S. Deerfield Ave Suite, Apt. #, etc. 22 #1 City & State 23 Deerfield Beach FL Zip 24 33441 Country 25 USA | | 2a. Mailing Address 26 730 S. Deerfield Ave Suite, Apt. #, etc. 27 #1 City & State 28 Deerfield Beach FL Zip 29 33441 Country 30 USA | | 3. Date Incorporated or Qualified 02/09/1995 | | 3a. Date of Last Report 04/01/1996 | |
| | | | | 4. FEI Number 65-0557194 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| g. Name and Address of Current Registered Agent ASHCRAFT, WILLIAM E 2881 EAST OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33306 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | FL 85 Zip Code | |

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-------------------------|
| TITLE | D | 1.1 TITLE | D |
| NAME | SPEAR, CHARLES | 1.2 NAME | CHARLES J SPEAR |
| STREET ADDRESS | 860 NE 44 STREET | 1.3 STREET ADDRESS | 2073 SE 16th St |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33334 | 1.4 CITY-ST-ZIP | Pompano Beach, FL 33062 |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE:  Charles J. Spear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/24/97 Daytime Phone # 954-419-9444

CR2E034 (9/96)