FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013958 (0)

1. Corporation Name

EASY LIFT AND CARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
14808 ST. IVES PLACE TAMPA FL 33624	14808 ST. IVES PLACE TAMPA FL 33624

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business
21 4403 Willow Run Lane
Suite, Apt. #, etc.
22
City & State
23 Tampa FL
Zip
24 33624
Country
25 ~~Hillsborough~~ USA

2a. Mailing Address
26 P.O. Box 272025
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL 33688-2025
Zip
29 33624
Country
30 USA

4. FEI Number — ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SIERING, GERALD
~~14808 ST. IVES PLACE~~ 4403 Willow Run Lane
TAMPA FL ~~33624~~ ~~33688~~

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: Gerald Siering   Gerald Siering   3/20/96
Signature, Typed or Printed Name of New Registered Agent / Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SIERING, GERALD	
STREET ADDRESS	~~14808 ST. IVES PLACE~~ 4403 Willow Run Lane	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	☐ DELETE
NAME	SIERING, ROSE M	
STREET ADDRESS	~~14808 ST. IVES PLACE~~ 4403 Willow Run Lane	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do 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 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: Gerald Siering   Gerald Siering   3/20/96   (813) 960-5438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)