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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
100 GULFWINDS DRIVE WEST PALM HARBOR FL 34683	100 GULFWINDS DRIVE WEST PALM HARBOR FL 34683

FILED Mar 13 1998 8:00am Secretary of State

1998 **DOCUMENT #** P95000018149 (1) LIFTS 'R' US, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 26 59-3316971 Not Applicable Suite, Apt. #, etc. 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 Trust Fund Contribution Added to Fees 23 28 Country Zip Country 200 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SLATER, FREDERICK M 100 GULFWINDS DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) 82 PALM HARBOR FL 34683 83 84 City 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 pointed name of registered agreet and title if applicable (NOTE Registered Agent alguature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ■ Addition NAME SLATER, FREDERICK M 1.2 NAME 100 GULFWINDS DRIVE WEST STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Addition 2.1 TITLE Change TITLE SLATER, EDITH M 2.2 NAME NAME 100 GULFWINDS DRIVE WEST 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 3.1 TITLE TITLE NAME 3,2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

14. Thereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental report is true and accurate or director of the corporation or the received or trustee impowered to enable key 2 or Block 13 if changed, or only a studies with a address.

SIGNATURE: