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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000026845 (4)

CRANE AND LIFT EQUIPMENT ASSOCIATES, INC.

Mailing Address Principal Place of Business 3832 FROSTWOOD CT 3832 FROSTWOOD CT LAND O' LAKES FL 34639-4205 LAND O' LAKES FL 34649 3. Date Incorporated or Qualified 3s. Date of Last Report 03/29/1995 06/13/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 9573 86 9573 59-3306761 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DONENLON, THOMAS R **849 FIFTH AVE S** 82 SUITE 206 83 NAPLES FL 33940 84 11. Pursuant to the provisions of Sections 607,0502 and 607,5508, 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 1 am familiar with, and accept the prolingations of Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent algorature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change \_\_\_ Addition 1.1 TITLE D TITLE SMITH. CHRISTOPHER H 1.2 NAME NAME 3832 FROSTWOOD CT 1.3 STREET ADDRESS STREET ADORESS LAND O' LAKES FL 34649 14 CITY-ST-ZIP CITY - ST. ZIF DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-716 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE HAME 3.2 NAME 3.3 STREET ADDRESS STREET AODRESS CHTY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 51 TOLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C-TY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival 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 director of the corporation or director of the corporation or the receiver or director of the corporation or d