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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095929

Country

9. Name and Address of Current Registered Agent

LIFT ASSOCIATES, INC.

Principal Place of Business 2108 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

FALLAR, SCOTT W

8375 DIX ELLIS TRAIL, STE. 401

JACKSONVILLE FL 32256

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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29

Zip

2108 SAWGRASS VILLAGE DR. PONTE VEDRA BEACH FL 32004

FILED Apr 15, 1999 8:00 am § Secretary of State

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| | | 88 8 |
| | DO NOT WRITE IN | THIS SPACE |
| | 3. Date Incorporated or Qualified 11/06/1997 | THIS OF ACE |
| | 4. FEI Number | Applied For |
| | 59-3477719 | Not Applicable |
| <u> </u> | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| | 8. This corporation owes the current year | r Intangible |
| | Personal Property Tax. | □∨oc /\var_ |
| Name | 10. Name and Address of New Register | ed Agent |
| Stroot Addre | | |
| Otreet Addre | ess (P.O. Box Number is Not Acceptable) | |
| | | |
| City | | |
| named corpor | ration submits this statement for the purpose 's board of directors. I hereby accept the appropriate the second statement for the purpose of the second statement for the purpose is board of directors. | 85 Zip Code |
| e corporation | 's board of directors. I hereby accept the app | of changing its registered pointment as registered |
| gnature required w | then reinetating) | Í |
| | —————————————————————————————————————— | |
| | ADDITIONS/CHANGES TO OFFICERS | |
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board 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 reins 12 OFFICERS AND DIRECTORS πε 13. ADI DELETE 1.1 TITLE NAME TRAYLOR, JAMES III 1.2 NAME STREET ADDRESS 125 GARDENIA AVE. 1.3 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME ZYSKI, JERRY III 2.2 NAME STREET ADDRESS 12305 ARBOR DRIVE CITY-ST-ZiP PONTE VEDRA BEACH FL 32082 2.3 STREET ADDRESS TITLE 2. 4 CITY-ST-ZIP DELETE 3.1 T/TI F NAME 3.2 NAME TREET ADDRESS 3.3 STREET ADDRESS ITY-ST-ZIP 3.4. CITY-ST-ZIP πE DELETE 4.1 TITLE AME ☐ Change Addition 4. 2 NAME TREET ADDRESS 4.3 STREET ADDRESS rry st-zip 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ΜE Change Addition 5.2 NAME REET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIF 5.4 CITY-ST-ZIP lΕ (DELETE 6.1 TITLE ME Change ☐ Addition 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP

Country

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83 84 City

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I 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 supplements of the corporation or the required fractive and accurate and that my signature shall have the same legal effect as if made under oath; that I am an allock 12 or Block 13 if changed, or on an attationed with an address, with all other like empowered.