1 UNIFORM BUSINESS REPORT (UBR) CUMENT # P98000007628 ty Name DRIDA WHOLESALE FORKLIFTS, INC. pal Place of Business Mailing Address ". "KE ROAD PO BOX 916 CAPE CANAVERAL FL 32920-0916 A FL 32922 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

ALLEN, LARRY R

SIGNATURE.

11.

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHY-ST-ZIP

CITY-ST-77P

CITY-ST-ZIP

419 SHERIDAN AVENUE SATELLITE BEACH FL 32937

9. This corporation is eligible to satisfy its Intangible

AALLEN, LARRY R

COCOA FL 32922

PERSON, BRYAN N

COCOA FL 32922

2800 CLEARLAKE RD

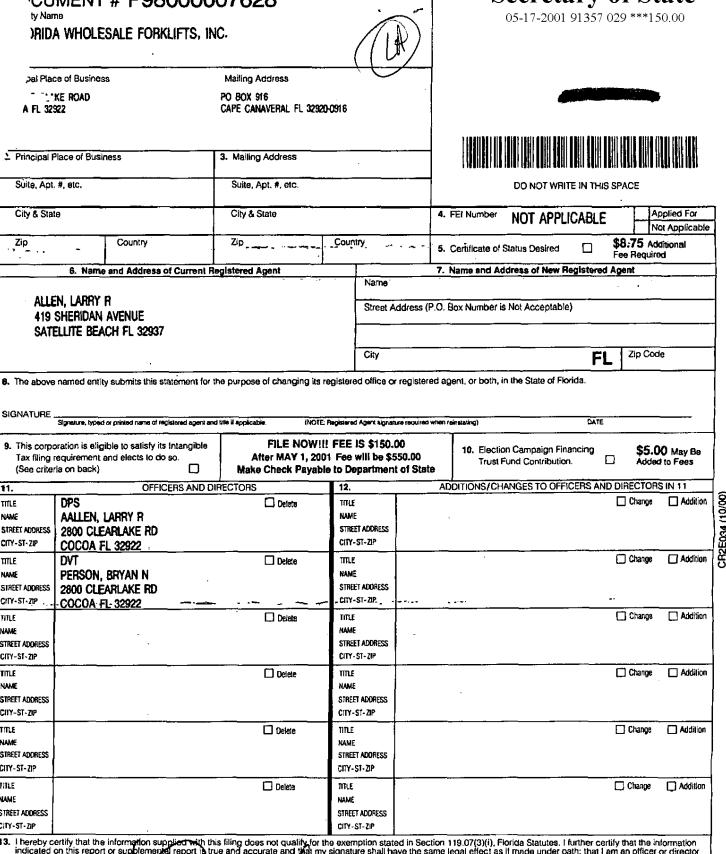
2800 CLEARLAKE RD

Tax filing requirement and elects to do so.

(See criteria on back)

DPS

FILED Jun 15, 2001 8:00 am Secretary of State



13. 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 report or supplemental 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 our rustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 changed, or on an attachment

Name

City

FILE NOW!!! FEE IS \$150.00

Atter MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

MAME STREET ADDRESS

HAME STREET ADDRESS

NAME

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

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