

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19096

(9)

1. Corporation Name

E. C. FORKLIFTS TRUCK INC.



Principal Place of Business

6935 WEST 3 AVE
HIALEAH FL 33014
US

Mailing Address

6935 W. 3RD AVENUE
HIALEAH FL 33014

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CONDE, VICTOR MANUEL
6935 WEST 3 AVE.
HIALEAH FL 33014

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 607.1503, 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, Sections 607.0503, Florida Statutes.

SIGNATURE

Signature of the person making this statement is required.

Date of Signature: _____

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	CONDE, VICTOR MANUEL	
STREET ADDRESS	6935 WEST 3 AVE.	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	VS	☐ DELETE
NAME	CONDE, EHLIANA J.	
STREET ADDRESS	6935 WEST 3 AVE.	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	☐ Change ☐ Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	☐ Change ☐ Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	☐ Change ☐ Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	☐ Change ☐ Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	☐ Change ☐ Addition
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	☐ Change ☐ Addition
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	☐ Change ☐ Addition

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 individual authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13, unchanged, or certification with initials.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

(309) 826-5049

CR2E034 (12/95)