
PROFIT
CORPORATION
ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

(3)

SOUTHERN AERIAL LIFT, INC.

Principal Place of Busines	
LIES WILANDSTREET DOAD	

Mailing Address

6744 RETH BOAD



ORLANDO FL S	12824	ORLANDO FL 32824		·			
US				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
5 5: : 15	<u> </u>			09/18/1992			
1117	lace of Business W. LANdstru / W	2a. Mailing Address 4.2	1 lot -	4. FEI Number Applied For			
21 / 7 > _ Sulte, Apt.			4012/m/	59-3141086 Not Applicable			
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	indo + C	City & State 28 On Mado	rc.	Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees			
210 24 328	24 25 ON AIGE	Zip 2824 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current R			10. Name and Address of New Registered Agent			
SLA	rer, rick		81 Nan	me			
6744	BETH ROAD		82 Stre	eet Address (P.O. Box Number Is Not Acceptable)			
	ANDO FL 32824			set Audioss (1.0. box Normal is Not Acceptable)			
			83				
	,		84 City	y FL 85 Zip Code			
11. Pursuant office or agent 1.							
SIGNATURE	UN PAR -	KICK SlAT		Mesident 7-22-58			
OIGHATORE	Structure, typod or printed name of registered agont an	d title if applicable (NOTE:		gnature required when reinstating) DATE			
12,	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE	Change Addition			
NAME	SLATER, RICK		1.2 NAME				
STREET ADDRESS	6744 BETN RD		1.3 STREET ADDRES	ESS			
CITY-ST-ZIP	ORLANDO FL	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE	Change Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRES	ESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE	Change Addition			
NAME			3.2 NAME	j			
STREET ADDRESS			3.3 STREET ADDRES	:88			
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRES	:\$\$			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	ess			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRES	:ss			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby ce	rtify that the information supplied with thi	s filing does not qualify for the	exemption state	ed in section 119.07(3)(i). 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: