

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 586791 (6)
1. Corporation Name

B & D MACHINE AND TOOL, INC.



Principal Place of Business: B&D MACHINE & TOOL UNIT # 3 MELBOURNE FL 32905 US
Mailing Address: B & D MACHINE & TOOL UNIT # 3 MELBOURNE FL 32905 US

2. Principal Place of Business: 21 1720 Main St., N.E. 22 Unit 3 23 Palm Bay, Fl. 24 32905 25 Brevard
2a. Mailing Address: 26 1720 Main St., N.E. 27 Unit 3 28 Palm Bay, Fl. 29 32905 30 Brevard

3. Date Incorporated or Qualified: 09/19/1978
3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-1879875
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [X] Yes [] No

9. Name and Address of Current Registered Agent: ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE FL 32935

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____ (If the Registered Agent signature is required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANZENGRUBER, DUARD	
STREET ADDRESS	1954 MADISON AVENUE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SEMENKO, STEVEN	
STREET ADDRESS	2085 DUNCIL ROAD	
CITY - ST - ZIP	MALABAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEMENKO, STEVEN	
STREET ADDRESS	2085 DUNCIL ROAD	
CITY - ST - ZIP	MALABAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Duane Anzengruber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/96 (407) 727-0098
Date Signature Phone #

CR2E034 (3/96)