

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

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 586791 (6)**  
1. Corporation Name  
**B & D MACHINE AND TOOL, INC.**



Principal Place of Business <b>1720 MAIN ST., NE UNIT # 3 PALM BAY FL 32905 US</b>	Mailing Address <b>1720 MAIN ST., NE UNIT # 3 PALM BAY FL 32905-3427 US</b>
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2. Principal Place of Business <b>21 B &amp; D Machine &amp; Tool</b>		2a. Mailing Address <b>26 1720 Main St N.E.</b>		3. Date Incorporated or Qualified <b>09/19/1978</b>	3a. Date of Last Report <b>06/17/1996</b>
Suite, Apt. #, etc. <b>22 Unit #3</b>		Suite, Apt. #, etc. <b>27 Unit #3</b>		4. FEI Number <b>59-1879875</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 Palm Bay, FLA</b>		City & State <b>28 Palm Bay, FLA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 32905</b>	Country <b>25 Brevard</b>	Zip <b>29 32905</b>	Country <b>30 Brevard</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE FL 32935</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent				81 Name
				82 Street Address (P.O. Box Number is Not Acceptable)
				83
				84 City
				<b>FL</b> 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD ANZENGRUBER, DUARD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANZENGRUBER, DUARD</b>	1.2 NAME	
STREET ADDRESS	<b>1954 MADISON AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST SEMENKO, STEVEN</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMENKO, STEVEN</b>	2.2 NAME	
STREET ADDRESS	<b>2085 DUNCIL ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MALABAR FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D SEMENKO, STEVEN</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMENKO, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>2085 DUNCIL ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MALABAR FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. (407)

SIGNATURE: *[Signature]* Duard Anzengruber 02/10/97 727-0098

CR2E034 (9/96)