

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 586791 (6)
 1. Corporation Name
B & D MACHINE AND TOOL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business B & D MACHINE & TOOL 1720 MAIN ST. NE UNIT 3 PALM BAY FL 32905 US	Mailing Address 1720 MAIN ST. NE UNIT 3 PALM BAY FL 32905 US
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3. Date Incorporated or Qualified 09/19/1978	
4. FEI Number 59-1879875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1720 Main St. N.E. Suite, Apt. #, etc. 22 Unit #3 City & State 23 Palm Bay, Florida Zip 24 32905	2a. Mailing Address 26 1720 Main St. N.E. Suite, Apt. #, etc. 27 Unit #3 City & State 28 Palm Bay, Florida Zip 29 32905	Country 25 Brevard	Country 30 Brevard
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9. Name and Address of Current Registered Agent
ANZENGRUBER, DUARD
1954 MADISON AVENUE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
 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 607.1508, 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	PD ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZENGRUBER, DUARD	1.2 NAME	
STREET ADDRESS	1954 MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	VST SEMENKO, STEVEN 2085 DUNCIL ROAD MALABAR FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMENKO, STEVEN	2.2 NAME	
STREET ADDRESS	2085 DUNCIL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	2.4 CITY-ST-ZIP	
TITLE	D SEMENKO, STEVEN 2085 DUNCIL ROAD MALABAR FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMENKO, STEVEN	3.2 NAME	
STREET ADDRESS	2085 DUNCIL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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	

TITLE	VTD NORMA JEAN ANZENGRUBER 1954 MADISON AVENUE MELBOURNE, FL 32935	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA JEAN ANZENGRUBER	1.2 NAME	
STREET ADDRESS	1954 MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32935	1.4 CITY-ST-ZIP	
TITLE	TD TRACY HOOKS 304 CORNELL AVENUE MELBOURNE, FLORIDA 32901	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY HOOKS	2.2 NAME	
STREET ADDRESS	304 CORNELL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FLORIDA 32901	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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.

SIGNATURE: **NORMA JEAN ANZENGRUBER** *Norma Jean Anzengruber* 01/30/98 (407) 727-0098

CR2E034 (10/97)