

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90027 007 ***158.75

0110401

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 586791

1. Corporation Name
B & D MACHINE AND TOOL, INC.



Principal Place of Business 1720 MAIN ST NE UNIT 3 PALM BAY FL 32905 US	Mailing Address 1720 MAIN ST. NE UNIT 3 PALM BAY FL 32905 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1720 MAIN ST. N. E.		2a. Mailing Address 26 1720 MAIN ST. N. E.		3. Date Incorporated or Qualified 09/19/1978	
22 Suite, Apt. #, etc. UNIT #3		27 Suite, Apt. #, etc. UNIT #3		4. FEI Number 59-1879875	
23 City & State PALM BAY, FLORIDA		28 City & State PALM BAY, FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32905 25 Country BREVARD		29 Zip 32905 30 Country BREVARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ANZENGRUBER, DUARD	1.1 TITLE	
NAME	1954 MADISON AVENUE	1.2 NAME	
STREET ADDRESS	MELBOURNE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTD ANZENGRUBER, NORMA JEAN	2.1 TITLE	
NAME	1954 MADISON AVE	2.2 NAME	
STREET ADDRESS	MELBOURNE FL 32935	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD HOOKS, TRACY	3.1 TITLE	TD
NAME	304 CORNELL AVE	3.2 NAME	COLLINS TRACY
STREET ADDRESS	MELBOURNE FL 32901	3.3 STREET ADDRESS	304 CORNELL AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: NORMA JEAN ANZENGRUBER *Norma Jean Anzengruber* 01/05/99 (407) 727-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)