

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

FILED

**Apr 17 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 # F96000001384 (4)
 1. Corporation Name
PYRAMID MACHINE TOOL CO., INC.



Principal Place of Business 1224 BARMERE LN. BRANDON FL 33511	Mailing Address 1224 BARMERE LN. BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 CAMELOT RIDGE DR Suite, Apt. #, etc.		2a. Mailing Address 26 104 CAMELOT RIDGE DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/19/1996	4. FEI Number 35-1785375	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 BRANDON, FL	27 City & State 28 BRANDON, FL	5. Certificate of Status Desired <input 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		
24 Zip 33511	25 Country USA	29 Zip 33511	30 Country USA			

9. Name and Address of Current Registered Agent LATUSZEK, LANCE 1224 BARMERE LN BRANDON FL 33511				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOT) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATUSZEK, LANCE	1.2 NAME	
STREET ADDRESS	1224 BARMERE LN	1.3 STREET ADDRESS	104 CAMELOT RIDGE DR
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VDC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATUSZEK, MARY Y	2.2 NAME	
STREET ADDRESS	1224 BARMERE LN	2.3 STREET ADDRESS	104 CAMELOT RIDGE DR
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATUSZEK, LANCE	3.2 NAME	
STREET ADDRESS	1224 BARMERE LN	3.3 STREET ADDRESS	104 CAMELOT RIDGE DR
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATUSZEK, MARLENE	4.2 NAME	
STREET ADDRESS	7851 KINGSBORY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HANOVER PK IL	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 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: *[Signature]* **PRESIDENT** **4-13-98** 812-689-7533

CR2E034 (10/97)