

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 04 1996 8:00 am
Secretary of State

DOCUMENT # **M24212 (6)**

1. Corporation Name
TOOL & EQUIPMENT SALES CORPORATION.



Principal Place of Business: **C/O PETER FIELD, 4200 N.W. 72ND AVE., MIAMI FL 33166**
Mailing Address: **C/O PETER FIELD, 4200 N.W. 72ND AVE., MIAMI FL 33166**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/05/1985**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-2605403**
5. Certificate of Status Desired: \$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: Yes No

9. Name and Address of Current Registered Agent
**FIELD, PETER
4200 N.W. 72ND AVE.
MIAMI FL 33166**

10. Name and Address of New Registered Agent
81 Name: **MICHAEL I. REIS**
82 Street Address (P.O. Box Number is Not Acceptable): **8405 NW 66 STREET**
83 City: **MIAMI**
84 State: **FL**
85 Zip Code: **33166**

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]* **MICHAEL I. REIS** DATE: **1/30/96**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> DELETE |
| NAME | FIELD, PETER | |
| STREET ADDRESS | 9493 N.W. 49 DORAL LANE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | FIELD, MAUREEN | |
| STREET ADDRESS | 9493 N.W. 49 DORAL LANE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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

| | | |
|--------------------|---|--|
| 11 TITLE | PRESIDENT/TREASURER/DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | PETER FIELD | |
| 13 STREET ADDRESS | 144 BUGBY HOLE APT. 2 | |
| 14 CITY - ST - ZIP | CHRISTIANSTAD, ST. LOUIS, MO 64082 | |
| 21 TITLE | VIC PRESIDENT AND SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | MAUREEN FIELD | |
| 23 STREET ADDRESS | 144 BUGBY HOLE APT. 2 | |
| 24 CITY - ST - ZIP | CHRISTIANSTAD, ST. LOUIS, MO 64082 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/30/96** (800) 772-5511

CR2E034 (12/95)