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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # M24212

(6)

TOOL & EQUIPMENT SALES CORPORATION.

		VIENT SALES CORF							
Principal Place of Business			Mailing Address					=11	
C/O PETER FIELD 4200 N.W. 72ND AVE, MIAMI FL 33166			C/O PETER FIELD 4200 N.W. 72ND AVE. MIAMI FL 33166					DO NOT WRITE IN THI	S SPACE
1							İ	3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Malling Address					<del></del>			12/05/1985 4. FEI Number	1 1
21	, '	2a. Mailing Address						Applied For	
21	Suite, Apt. #, etc.		26 Suite Apt #	oto				59-2605403	Not Applicable
22		27						5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State					6. Election Campaign Financing	<b>\$5.00</b> May Be
23	23 28							Trust Fund Contribution	Added to Fees
24	Zip	Country 25	Zip 29	30	Countr	у		<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	urrent year Intangible
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
REIS, MICHAEL I.					81	Na	me		
8405 NW 66 STREET MIAMI FL 33166					82	Str	eet Address	(P.O. Box Number is Not Acceptable)	
•					83	1			
	3 				84		•	F	
17	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.								
St	SIGNATURE								
		or printed name of registered agent		(NOTE: Re		ent sign	w beniuper enutar		
12. OFFICERS AND DIRECTORS 13.							<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	
TIT	u lõpt		∪	ELETE	1.1 TITLE		- 1		Change Addition

	Signature, typed or printed name of registered agent and little if applicable. (NOTE: R	legistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT □ DELETE	1.1 TITLE	Change Addition
NAME	FIELD, PETER	1.2 NAME	000 000
STREET ADDRESS	BLDG 4-G, VI INDUSTRIAL PARK, C/O ATS	1.3 STREET ADDRESS	15:15,2 170.30x 7702
CITY-ST-ZIP	KINGSHILL ST CROUIX VI	1.4 CITY-ST-ZIP	KINGSHILL ST. CROIX VIOO850
TITLE	V\$ DELETE	2.1 TITLE	Change L Addition
NAME	FIELD, MAUREEN	2.2 NAME	B. B. 2. P. B. Co.
STREET ADDRESS	C/O ATS, BLDG 4-C, VI INDUSTRIAL PARK	2.3 STREET ADDRESS	7.0.00x 9702
CITY-ST-ZIP	KINGSHILL ST CROIX VI	2, 4 CITY-ST-ZIP	R.R.2 P.O. BOX 9902 KINGSHILL ST. CROIX VI 00850
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3,2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME	•	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CMY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change 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 supplied 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 of the receiver or trystee 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 an antiachment with an address.

SIGNATURE: Title Foods

JAN-7, 1998 (340) 772-551

**FILED** 

Jan 21 1998 8:00am

Secretary of State

R2E034 (10/97)