

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90188 021 ***150.00

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

DOCUMENT # M24212

1. Corporation Name

TOOL & EQUIPMENT SALES CORPORATION.

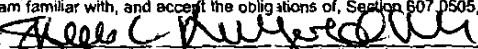
DO NOT WRITE IN THIS SPACE

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 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 12/05/1985		4. FEI Number 59-2605403	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing ☐		\$8.75 Additional Fee Required	
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent REIS, MICHAEL I. 18405 NW 66 STREET MIAMI FL 33166		10. Name and Address of New Registered Agent 81 Name STEVEN KRINGOLD 82 Street Address (P.O. Box Number is Not Acceptable) 8405 N.W. 66TH STREET 83 84 City MIAMI FL 85 Zip Code 33166	
--	--	---	--

11. Pursuant to the provisions of Sections 607.0512 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 reappointing)

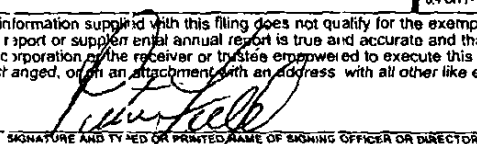
DATE

4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT FIELD, PETER RR 2 P.O. BOX 9902 KINGSHILL ST 00850	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS FIELD, MAUREEN RR2 P.O. BOX 9902 KINGSHILL ST 00850	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ DELETE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:



4/21/99

(305) 592-777

Date

Daytime Phone #

CR2E034 (11/98)