

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

DOCUMENT # **S58447** (1)
1. Corporation Name
J & F TOOLS, INC.



Principal Place of Business: 1401 NW 44 CT FT LAUDERDALE FL 33309
Mailing Address: 1401 NW 44 CT FT LAUDERDALE FL 33309

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1021 E Prospect Rd	26	1021 E Prospect Rd	05/30/1991	04/28/1995
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FET Number	Applied For / Not Applicable
23	City & State: Ft Lauderdale FL	28	City & State: Ft Lauderdale FL	65-0271906	
24	Zip: 33334	29	Zip: 33334	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEIDKAMP, FRED M. 2407 TORTUGAS LN FT LAUDERDALE FL 33312				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 by authorized person in charge of registration and of state. INITIAL: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	1. TITLE	Vs/TIP
NAME	HEIDKAMP, FRED M.	2. NAME	HEIDKAMP FRED M
STREET ADDRESS	2407 TORTUGAS LN	13. STREET ADDRESS	2407 TORTUGAS LN
CITY-ST-ZIP	FT LAUDERDALE FL	14. CITY-ST-ZIP	Ft LAUD., FL 33312
TITLE	VSD	2. 1. TITLE	
NAME	LAMAR, HENRY J.	2. 2. NAME	
STREET ADDRESS	1401 NW 44 CT	2. 3. STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2. 4. CITY-ST-ZIP	
TITLE		3. 1. TITLE	
NAME		3. 2. NAME	
STREET ADDRESS		3. 3. STREET ADDRESS	
CITY-ST-ZIP		3. 4. CITY-ST-ZIP	
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 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 on an attachment with an address.

SIGNATURE: *Fred M. Heidkamp* FRED M. HEIDKAMP 6-3-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)