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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **275612** **(0)**

1. Corporation Name
D. T. C. TOOL CORP.

Principal Place of Business	Mailing Address
7655 W 20TH AVE HIALEAH FL 33014	~~7655 W 20TH AVE~~ ~~HIALEAH FL 33014-3226~~

PLEASE SEND TO CORP. HDQTRS:

2. Principal Place of Business 21	2a. Mailing Address 26 ATTN. LISA SALVAGGIO	3. Date Incorporated or Qualified 11/13/1963	3a. Date of Last Report 04/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 151 SUNNYSIDE BLVD	4. FEI Number 59-1027679	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 PLAINVIEW, N.Y.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 11803 / 30 U.S.A.	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	10. Name and Address of New Registered Agent
~~DEWITT, NEISA K~~ ~~7655 WEST 20TH AVENUE~~ ~~HIALEAH FL 33014~~	81 Name: THE PRENTICE HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES ST. 83 – 84 City: TALLAHASSEE FL 85 Zip Code: 32301

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: Neisa B. Rojas 2-3-97
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DEWITT, ANDREW 7485 SW 157 TERR MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: P MITCHELL JACOBSON 151 SUNNYSIDE BLVD PLAINVIEW, NY 11803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEWITT, NEISA 10200 SW 62ND AVE MIAMI, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: V ANDREW DEWITT 7485 SW 157 TERR MIAMI, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DEWITT, DAVID 7170 SW 116TH TERRACE MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: V DAVID DEWITT 7170 SW 116TH TERRACE MIAMI, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: S THOMAS ECCLESTON 151 SUNNYSIDE BLVD PLAINVIEW, NY 11803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: T SHELLY BOXER 151 SUNNYSIDE BLVD PLAINVIEW, NY 11803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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] 1/21/97 516-349-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #