

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90043 028 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 509267

1. Corporation Name

~~ACTION BOLT & TOOL CO., INC.~~ KOMU HOLDINGS CORP.

Principal Place of Business

Mailing Address

212 NEWMAN ROAD
P.O. BOX 12156
LAKE PARK FL 33403

~~212 NEWMAN ROAD~~
~~P.O. BOX 12156~~
~~LAKE PARK FL 33403~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1976

4. FEI Number

59-1680201

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26 11074 Beach Club Point

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 North Palm Beach, FL

Zip

Country

Zip

Country

24

25

29 33408

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MULLER, ROBERT J.~~
2676 BORDEAUX COURT
PALM BEACH GARDENS FL 33410

81 Name

Robert W. Koch

82 Street Address (P.O. Box Number is Not Acceptable)

11074 Beach Club Point

83

84 City

North Palm Beach FL

85 Zip Code

33408

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

Robert W. Koch

(NOTE: Registered Agent signature required when reinstating)

4/28/99

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MULLER, R.J.
STREET ADDRESS	212 NEWMAN ROAD
CITY-ST-ZIP	LAKE PARK FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MULLER, R L
STREET ADDRESS	212 NEWMAN ROAD
CITY-ST-ZIP	LAKE PARK FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MULLER, G T
STREET ADDRESS	212 NEWMAN ROAD
CITY-ST-ZIP	LAKE PARK FL
TITLE	S <input type="checkbox"/> DELETE
NAME	KOCH, JEROME
STREET ADDRESS	212 NEWMAN ROAD
CITY-ST-ZIP	LAKE PARK FL
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	C/P/T/D Robert W. Koch
5.3 STREET ADDRESS	212 Newman Road
5.4 CITY-ST-ZIP	LAKE PARK FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

Robert W. Koch

4/28/99

Date

Daytime Phone #

CR2E034 (11/98)