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 # 523558 (5)

1. Corporation Name
CAPITAL MACHINE TOOLS, INC.

Principal Place of Business
7455 ADAMO DR
TAMPA FL 33619

Mailing Address
7455 ADAMO DR
TAMPA FL 33619

3. Date Incorporated or Qualified: 01/12/1977
3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-1731042 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 6800 SUNSET WAY
Suite, Apt. #, etc.
22 UNITE 1602A
City & State
23 ST. PETE BEACH, FL
Zip
24 33704
Country
25

2a. Mailing Address
26 6800 SUNSEY WAY
Suite, Apt. #, etc.
27 UNIT 1602A
City & State
28 ST. PETE BEACH, FL
Zip
29 33704
Country
30

9. Name and Address of Current Registered Agent

DEBICKERO, CARL D
7455 ADAMO DRIVE
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: DE BICKERO, CARL D
82 Street Address (P.O. Box Number is Not Acceptable): 6800 SUNSET WAY
83 UNIT 1602A
84 City: ST. PETE BEACH FL 85 Zip Code: 33704

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	DEBICKERO, CARL D	
STREET ADDRESS	7455 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☒ Change ☐ Addition
1.2 NAME	DE BICKERO, CARL D	
1.3 STREET ADDRESS	6800 SUNSET WAY UNIT 1602A	
1.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33704	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Carl DeBickero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/8/96 Daytime Phone #: (813) 360-7322

CR2E034 (12/95)