FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 15 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583675 (4)

1. Corporation Name
GENERAL TOOL INDUSTRIES, INC.

Principal Place of Business	Mailing Address
18588 N.E. 2ND AVENUE N. MIAMI BEACH FL 33179	18588 N.E. 2ND AVENUE N. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1850937 ☐ 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

9. Name and Address of Current Registered Agent

~~LITZENBERG, JACQUELINE~~
~~18588 N.E. 2ND AVENUE~~
~~N. MIAMI BEACH FL 33170~~

10. Name and Address of New Registered Agent

81 Name: LITZENBERG WILLY
82 Street Address (P.O. Box Number is Not Acceptable): 18588 NE 2nd Avenue
83
84 City: N. Miami Beach FL 85 Zip Code: 33179

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: Willy G. Litzenberg 3-9-95
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	~~P/D~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~LITZENBERG, JACQUELINE~~	1.2 NAME	LITZENBERG, WILLY	
STREET ADDRESS	~~18588 N.E. 2ND AVENUE~~	1.3 STREET ADDRESS	18588 NE 2ND AVENUE	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	~~V~~	2.1 TITLE	V/S/T	☒ Change ☐ Addition
NAME	~~LITZENBERG, PIERRE A~~	2.2 NAME	LITZENBERG, JACQUELINE	
STREET ADDRESS	~~18588 N.E. 2ND AVENUE~~	2.3 STREET ADDRESS	18588 NE 2ND AVENUE	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	2.4 CITY-ST-ZIP	N.MIAMI BECH FL 33179	
TITLE	~~S/D~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~LITZENBERG, MARC W~~	3.2 NAME		
STREET ADDRESS	~~18588 N.E. 2ND AVENUE~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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: J Litzenberg 3-9-95 (305)652-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [illegible] #

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