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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(0)

NATIO	NAL TOOL SUPPLY, INC.)2 (9)		 	
Principal Place of	of Business	Mailing Address			0118 1101 B1816 01011 01811 01011 B1816 01081 1
5725 W. HALLANDALE BCH. BLVD HOLLYWOOD FL. 33023		5725 W. HALLANDALE BCH. BLVD HOLLYWOOD FL 33023			
				3. Date Incorporated or Qualified 10/20/1978	3a. Date of Last Report 06/12/1995
2. Principal Plac	,	2a. Mailing Address	. 1	4. FEI Number	Applied For
Suite, Apt. #		Suite, Apt. #, etc.	as above	59-1852441	Not Applicat
Suite, Apt. #,	, etc.	27 Surie, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip [29]	Country 30		; □No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	Registered Agent
* * ****			81 Name		
	R, LAWRENCE	82 Street Add		ress (P.O. Box Number is Not Acceptable)	
	/. HALLANDALE BCH. BLVD WOOD FL 33023		83		Committee of the control of the cont
HOLLIN	1100D FL 33023				
			84 Oty		El 85 Zip Code
or registere	o the provisions of Sections 607.0502 d agent, or both, in the State of Flori i, and accept the obligations of, Sect	da. Such change was authoriz	zed by the corporation's boa	and of directors. I becally account the app	ointment as registered agent. I am
SIGNATURE	, ,		s.		
SIGNATURE s	ignature, typed or printed name of registered agent	and tille it application (N	S. OTE: Registered Agent's greature require	od whee involutings	DATE
SIGNATURE S	, ,	and tille it application (N	s.	od whee involutings	
SIGNATURE s	ignative, typed or printed name of registered agent OF FICERS AN	and Me it application (NOD DIRECTORS	S. OTE: Registered Agent syrrature require 13.	od whee involutings	DATE ICERS AND DIRECTORS IN 12
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