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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

TANGENT TOOL & MOLD, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
3642 NW 16 LAUDERHILL	3642 NW 16 ST Lauderhill FL 33311			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 05/30/1979
2. Principal Place of Business		28. Mailing Address	28. Mailing Address		4. FEI Number Applied For S9-1933006 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~ <del>    </del>		\$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	h		6. Election Campaign Financing \$5.00 May Be
Zip Country		28 Zip	Zip Country		Trust Fund Contribution Added to Fees
24	25	29	30	u y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Regis					10. Name and Address of New Registered Agent
PO	LLOCK, RICHARD C.		E	1 Name	
	7 N. UNIVERSITY DRIVE		82 Street Ad		Address (P.O. Box Number is Not Acceptable)
	E 105		L	3	
IAI	MARAC FL 33321		[*	,3	
			8	4 City	FL 85 Zip Code
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					
12.	Signature, typed or printed name of regis	RS AND DIRECTORS	13.	egent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITL	:	Change
NAME	COUTURE, MARY ANN	<del>-</del>	1.2 NAME		COUTURE, MARY ANN 5918 N.W. 14 CT
STREET ADDRESS	11317 ROYAL PALM BL		1.3 STR	ET ADDRESS	5918 N.W. 14 CT
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY	- ST- ZIP	Surrise Fl 33313
TITLE		DELET <b>E</b>	2.1 TITLE		Change Addition
NAME			2.2 NAM	E	
STREET ADDRESS	ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CIT1	r-ST-ZIP	
TITLE		☐ DELETE	3.1 TITL	-	Change
NAME			3.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		T DULLTE		-ST-ZIP	Chassa Addition
TITLE		☐ DELET <b>e</b>	4.1 100		L Change
NAME			4. 2 NAM	_	
STREET ADORESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	- \$1 - 7IP	Change Addition
NAME		v.c., it	5.1 IIILI 5.2 NAM	ì	Change Abonion
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP					
TITLE		DELETE	5.4 CHY-S1-ZIP 6.1 TITLE		Change Addition
NAME	- I		6.2 NAM	1	
STREET ADDRESS			- 5	ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
	ertify that the information surv	plied with this filmo dees not qualify f			ed in Section 119 07(9)(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 eath; that I am an officer or director of the corporation or the required of the corporation of the required of the required of the corporation of the required of the required of the corporation of the required of the requ