Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90035 038 ***150.00

FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	F60	1864
1. Corporation Name			

1. Corporation L.K. MA	CHINE & TOOL MANUFACTION	URING, INC.								
Principal Plac	e of Business	Mailing Addre	ess				r inghing nith birn bhibi 19169 birn birn bi	ålt αισιι αγαιη εισηι α	1817 87817 1861	
% LUIS KRISTI		% LUIS KRIST					_	ř		
1720 ACME ST		1720 ACME ST					T,			
ORLANDO FL	32805	ORLANDO FL	32805				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 12/31/1981			
2. Principal P	Place of Business 2a. Mailing Address			4. FEI Number	Ap	plied For				
21		26			59-2156606 5	_ No	t Applicable			
Suite, Apt.	#, etc.	_ Suite, Apt, #, etc.			5. Certificate of Status Desired	\$8.75	dditionál			
22		27	27			J. Certificate of Status Desireo	, Fee Re	quired		
City & Stat	e e	City & Sta	nte				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip		Country			8. This corporation owes the current year	r Intangible		
24	25	29	30	9			Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Ager	nt			•	10. Name and Address of New Registe	red Agent		
				81	Name	•			1	
	STMANN, LUIS			82	Etropt	Addross	(P.O. Box Number is Not Acceptable)			
	ACME ST.			02	30000	Audiess	(F.O. DOX Number is Not Acceptable)			
ORL	ANDO FL 32805			83						
					0.1		*******		Na. ala	
				84	City		F	85 Zip C	,ode	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such ch tions of, Section 60	ange was auth 07.0505, Florida	orized by a Statutes.	the corp	ooration's	tion submits this statement for the purpose board of directors. I hereby accept the ap	ppointment as reg	registered gistered	
	Signature, typed or printed name of registered agent		(NOTE: Re		t signature	required wh	en reinstating) DATE		DC IN 10	
12.	OFFICERS ANI	* **,	DELETE	13. 1.1 TITLE		Т	ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	KRISTMANN, LUIS	_	OCCETE					Containe		
NAME	3209 LITTLE OAK WAY			1.2 NAME		.				
STREET ADDRESS				1.3 STREET		·				
CITY-ST-ZIP	ORLANDO, FL 00000		DELETE	1.4 CITY-ST	-ZIP			Change	Addition	
TITLE		L	DELETE	2.1 TITLE			- Commence of the Control of the Con	☐ Cliarige		
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET		'			,	
CITY-ST-ZIP			DELETE	2. 4 CITY-S' 3.1 TITLE	T-ZIP	 	•	☐ Change	Addition	
TITLE		,	DELETE					☐ Onlarige		
NAME				3.2 NAME 3.3 STREET	1000000					
STREET ADDRESS						· I				
CITY-ST-ZIP						i			I	
TITLE			DELETE	3 4. CITY- S				☐ Change	☐ Addition	
NAME			DELETE	3.4. CITY-S' 4.1 TITLE		5		Change	Addition	
NAME			DELETE	3 4. CITY- S' 4.1 TITLE 4.2 NAME	T-ZIP			☐ Change	☐ Addition	
STREET ADDRESS			DELETE	3.4. CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET	T-ZIP ADDRESS		2	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				34. CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	T-ZIP ADDRESS		70			
STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.4. CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	T-ZIP ADDRESS		7	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				34. CITY-S' 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	T-ZIP ADDRESS T-ZIP	3	9			
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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 offect 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 attactiment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

: WISKRISTMANN 2-22-99