

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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1996 APR 26 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*200.00 \*\*\*\*200.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F68679  
1. Corporation Name  
**MASTER MACHINE & TOOL CO. #2**

Principal Place of Business Mailing Address  
c/o Joseph F. Nemechek c/o Joseph F. Nemechek  
2010 Moores LN Box 277 2010 Moores LN Box 277  
Mulberry, FL 33860 Mulberry, FL 33860

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
2/25/82 1/27/95  
4. FEI Number Applied For  
59-2147346 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  
Nemechek, Joseph F.  
2010 Moores Lane  
Mulberry, FL 33860

10. Name and Address of New Registered Agent  
81 Name Intrastate Registered Agent Corporation  
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 3000  
83 *Leonard A. Heller as Vice President*  
84 City Miami FL 85 Zip Code 33131

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: *Leonard A. Heller as Vice President* 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	PD	<input type="checkbox"/> DELETE
NAME	Nemechek, Joseph F.	
STREET ADDRESS	2010 Moores Lane	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nemechek, Joseph F.	
1.3 STREET ADDRESS	2010 Moores Lane	
1.4 CITY-ST-ZIP	Mulberry, FL 33860	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nemechek, Mark F.	
2.3 STREET ADDRESS	2010 Moores Lane	
2.4 CITY-ST-ZIP	Mulberry, FL 33860	
3.1 TITLE	VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nemechek, Martha J.	
3.3 STREET ADDRESS	2010 Moores Lane	
3.4 CITY-ST-ZIP	Mulberry, FL 33860	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark F. Nemechek* MARK F. NEMECHK, PRESIDENT 04/22/96 941-425-4902  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)

*KSP 4/22/96*