

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G26906** (9)
1. Corporation Name
BLUE CHIP TOOL OF FLORIDA, INC.



Principal Place of Business
**3669 NW 124 AVE.
CORAL SPRINGS FL 33065**

Mailing Address
**3669 NW 124 AVE.
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2259877	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	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 Registered Agent				10. Name and Address of New Registered Agent	

**RAVER, MAX G
3669 NW 124 AVE
CORAL SPRINGS FL 33065**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5353-NOB HILL RD
83
84 City **SUNRISE** FL 85 Zip **33351**

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 *Max G. Raver* **6/15/98**
Signature of person or authorized agent of registered agent (must be a legal adult)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	RAVER, MAX G.	1.2 NAME	
STREET ADDRESS	3669 NW 124 AVE	1.3 STREET ADDRESS	5353-NOB HILL RD
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	SUNRISE FL 33351
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME	<i>5353-NOB HILL RD</i>	2.2 NAME	
STREET ADDRESS	<i>SUNRISE FL 33351</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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.

Max G. Raver Pres **MAX G. RAVER** *6/15/98*

CR2E034 (10/97)