

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 24 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G45031** (3)
 1. Corporation Name
FRANK'S TOOL & DIE, INC.



Principal Place of Business Mailing Address

2143 NE 161 ST. ^{JR} 2143 NE 161 ST.
~~FRANC MADAR SR.~~ **FRANC MADAR JR.** ~~FRANC MADAR SR.~~ **FRANC MADAR JR.**
 N. MIAMI FL 33162 N. MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **05/25/1983** 3a. Date of Last Report **02/01/1996**

4. FEI Number **59-2293367** Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MADAR, FERENC, SR.
2143 NE 161ST
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name **FERENC MADAR JR.**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 607.0503, Florida Statutes.

SIGNATURE *Ferenc Madar* DATE **7-15-97**

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 DELETE

NAME **MADAR, FERENC, SR.**

STREET ADDRESS **2143 NE 161ST**

CITY-ST-ZIP **N. MIAMI BEACH FL** X

TITLE P DELETE

NAME **MADAR, ELIZABETH**

STREET ADDRESS **2143 NE 161ST ST.**

CITY-ST-ZIP **NORTH MIAMI BEACH FL** X

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres.** Change Addition

1.2 NAME **FERENC MADAR JR.**

1.3 STREET ADDRESS **2143 NE 161ST NMB Fla**

1.4 CITY-ST-ZIP

2.1 TITLE **ATTILA MADAR** Change Addition

2.2 NAME **VICE PRES**

2.3 STREET ADDRESS **2143 NE 161ST**

2.4 CITY-ST-ZIP **NMB Fla**

3.1 TITLE **800002249908-3** Change Addition

3.2 NAME **-07/29/97--01010--011**

3.3 STREET ADDRESS ******165.00 ****165.00**

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME **7/7/28**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(r), 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 *Ferenc Madar*

CR2E034 (4/97)