

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K05840 (9)**

1. Corporation Name
QUALITY POWER TOOL SERVICE, INC.



Principal Place of Business: **4995 71ST AVENUE N. P O BOX 2571 PINELLAS PARK FL 34665 US**
Mailing Address: **4995 71ST AVENUE N. P O BOX 2571 PINELLAS PARK FL 34664-2571 US**

2. Principal Place of Business: **4995 71ST AVENUE N. P O BOX 2571 PINELLAS PARK FL 34665 US**
2a. Mailing Address: **4995 71ST AVENUE N. P O BOX 2571 PINELLAS PARK FL 34664-2571 US**

3. Date Incorporated or Qualified: **12/07/1987** 3a. Date of Last Report: **04/07/1995**
4. FET Number: **59-2859940** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SMITH, CLIFF
4995 71ST AVENUE NORTH
PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.007(2) and 607.1506, 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 607.005, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

16.1 TITLE	PSTD	<input type="checkbox"/> DELETE
16.2 NAME	SMITH, CLIFF	
16.3 STREET ADDRESS	5901-91ST AVE N.	
16.4 CITY, ST, ZIP	PINELLAS PARK FL	
16.5 TITLE		<input type="checkbox"/> DELETE
16.6 NAME		
16.7 STREET ADDRESS		
16.8 CITY, ST, ZIP		
16.9 TITLE		<input type="checkbox"/> DELETE
16.10 NAME		
16.11 STREET ADDRESS		
16.12 CITY, ST, ZIP		
16.13 TITLE		<input type="checkbox"/> DELETE
16.14 NAME		
16.15 STREET ADDRESS		
16.16 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.2 NAME	
17.3 STREET ADDRESS	
17.4 CITY, ST, ZIP	
17.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.6 NAME	
17.7 STREET ADDRESS	
17.8 CITY, ST, ZIP	
17.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.10 NAME	
17.11 STREET ADDRESS	
17.12 CITY, ST, ZIP	
17.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.14 NAME	
17.15 STREET ADDRESS	
17.16 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: *Cliff Smith* **CLIFF SMITH, PRESIDENT** 2-15-96 813-521-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)