

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:49

DOCUMENT # **K26578** (0)

1. Corporation Name
ENTERPRISE TOOL & MOLD, INC.

Principal Place of Business 13051 91ST STREET N UNIT 706A LARGO FL 34643	Mailing Address 13051 91ST STREET N UNIT 706A LARGO FL 34643
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/16/1988	3a. Date of Last Report 05/01/1994
--	--

2. Principal Place of Business 21 6351 46th Street N.	2a. Mailing Address 26 6351 46th Street N.
---	--

4. FEI Number 59-2896915	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
---------------------------	---------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

City & State 23 PINELLAS PARK, FL	City & State 28 PINELLAS PARK, FL
---	---

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	-----------------------------

Zip 24 34665	Country 25 Pinellas	Zip 29 34665	Country 30 Pinellas
------------------------	-------------------------------	------------------------	-------------------------------

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

9. Name and Address of Current Registered Agent
**SCHROEDER, WILLIAM F.
13051 91 ST STREET N UNIT 706A
LARGO FL 34643**

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 6351 46th Street North
83
84 City Pinellas Park
85 Zip Code FL 34665

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCHROEDER, WILLIAM FRANK
STREET ADDRESS	11455 131ST AVE N
CITY - ST - ZIP	LARGO FL
TITLE	VIS
NAME	SCHROEDER, KAY A.
STREET ADDRESS	11455 131ST AVE N
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

William F. Schroeder
WILLIAM F. SCHROEDER

2/15/95

(813)522-9334