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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K30474

1. Corporation Name

Principal Place of Business

BIRD MACHINE TOOL SALES, INC.

HALEAH FL 33 US		843 W 60 ST. HIALEAH FL 33012 US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 08/09/1988			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
21		26				65-0066035		t Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / - Fee Re		
City & Stat	е	City & St	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution	Added t	to Fees	
Zip 24	Country Zip Country 25 29 30			Country	Personal Property Tax. Yes				
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New Registered A	gent		
DIDE	OLAUDE C			81	Name			1	
843), CLAUDE C. W 60TH ST				Street A	dress (P.O. Box Number is Not Acceptable)			
HIAL	EAH FL 33012								
				84	City	TATION OF FL	85 . Zip (Code	
office or r	egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida. Such of bligations of, Section 6	nange was author 07.0505, Florida \$	rized by Statutes	the corpor	corporation submits this statement for the purpose of ciration's board of directors. I hereby accept the appoint	ment as re	gistered	
	Signature, typed or printed name of registere				t signature red	quired when reinstating) DATE			
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PSD] DELETE	1.1 TITLE			Change	☐ Addition	
NAME	BIRD, CLAUDE C.			1.2 NAME		•			
STREET ADDRESS	843 W 60TH ST		•	1.3 STREET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL			1.4 ÇITY-S1	- ZIP			- Addis-	
TITLE		t_		2.1 TITLE			Change	Addition	
NAME				2.2 NAME				Ĭ	
STREET ADDRESS				2.3 STREET	Į.	- · · · · · · · · · · · · · · · · · · ·	~~ ~		
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP		Change	Addition	
TITLE		L.		3.1 TITLE			Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ł				
CITY-ST-ZIP				3.4. CITY-S	Γ-ZIP	- WA/A/A	☐ Change	Addition	
TITLE		Ļ		4.1 TITLE			☐ Change	Addition	
NAME				1. 2 NAME					
STREET ADDRESS				1.3 STREET		•			
C/TY-ST-ZIP		Г		1.4 CITY-ST	-ZIP		☐ Change	Addition	
TITLE		L		5.1 TITLE 5.2 NAME			Change		
NAME .				3.2 NAME 5.3 STREET	ADDRESS				
STREET ADDRESS								ļ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST 6.1 TITLE	- LIP		Change	□ Addition	
TITLE		L	, , , , , , ,	3.1 MLE 3.2 NAME		•	Change	☐ Addition	
					4DDDESS				
STREET ADDRESS			16	3.3 STREET	ADDKESS			1	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-827-1044

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90015 042 ***150.00