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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUMENT # L94679 1. Corporation Name NEW ERA TOOL COMPANY, INC.	(2))			
NEW COX TOOL COMPANY, INC.					Anan abin biri anan anin bibin hibi
Principal Place of Business	Mailing Address	·····			
757 NORTH HIGHWAY 17-92 757 NORTH HIGHWAY 17-9			,		
SUITE #101 LONGWOOD FL 32750	SUITE #101 LONGWOOD FL 3	2750_3263			
LONGITOOD TE GETSU	LONGWOOD TE C	*********		3. Date incorporated or Qualified	3a. Date of Last Report
				08/08/1990	04/16/1996
2. Principal Place of Business	2a. Mailing Addre	988		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #,	etc.		59-3024557	Not Applicable \$8.75 Additional
22	27			5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	C	ountry	8. This corporation has liability for	
24 25	29	30		Florida Statutes 10. Name and Address of New Re	Yes No
9. Name and Address of Curren	it Hegistered Agent		81 Name	ID. Name and Address Of New Ne	Sistaten wildtit
STRATTON, G. MICHAEL 757 NORTH HIGHWAY 17-92			20 0	to a Co. O. Day Nambar in Mai Assaulth	1-1-1
S101			82 Street Add	ress (P.O. Box Number is Not Acceptab	ле)
LONGWOOD FL 32750			63		
·			84 City		85 Zip Code
44 Dun cold to the province of Continue 607 DEO	0 and 607 1500 Floris	o Ctatutan the		poration as builto this statement for the	FL 09 Zip Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig.	of Florida. Such chan	ge was authoriz	zed by the corpora	tion's board of directors. I hereby accep	ot the appointment as registered
	alions of, Section 607.	usus, riorida si	(Sicies.		
SIGNATURE Signature type-d or printed name of registered age		(NOTE Registe			
12. OFFICERS AN				ired when reinstating)	DATE
		13	3.	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
(D DIRECTORS DE	13 LETE 1.1	B. TITLE		
NAME STRATTON, G. MICHAEL		13 LETE 1.1 1.2	TITLE NAME		CERS AND DIRECTORS IN 12
STRATTON, G. MICHAEL STREEL ADDRESS 145 STONEY REDGE DR.		13 LETE 1.1 1.2	B. TITLE		CERS AND DIRECTORS IN 12
STRATTON, G. MICHAEL 145 STONEY RIDGE DR.		18 LETE 1.1 1.2 1.3 1.4	TITLE NAME STREET ADDRESS		CERS AND DIRECTORS IN 12
NAME STRATTON, G. MICHAEL STREEL ADDRESS 145 STONEY RIDGE DR. LONGWOOD FL TITLE DVS NAME STRATTON, MARJORIE E.	DE	18 LETE 1.1 1.2 1.3 1.4 LETE 2.1	TITLE PAME STREET ADDRESS CITY-ST-ZIP		CERS AND DIRECTORS IN 12 Change Addition
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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.

FILED

Feb 24 1997 8:00am