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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	See at 12	OOTH OTHER DATE		J
1. Corpora	JMENT # M93	· · · · · · · · · · · · · · · · · · ·			
1411/ 4411	TOOL WINNOTHING GO,				
Principal Place of Business 7470 NW 82ND ST MIAMI FL 33166		Mailing Address 7480 NW 82ND ST. MIAMI FL 33168-7411			år Blank ålan eran Sisk eran sibk reel
US		U\$		Date Incorporated or Qualified 08/04/1988	3a. Date of Last Report 07/16/1996
2. Prir cipa	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Code And Waste		26		65-0092005	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	tate	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Ζφ 24	Country 25	Zip 29	Country 30	This corporation has liability to Florida Statutes	r intangible tax under s. 199.032, ☐ Yes ☐ No
[4]		Current Registered Agent	1301	10. Name and Address of New F	
G	OOL, DANIEL		81 Name		
18326 N.W. 68TH AVENUE, APT. 14-J			82 Street A	Address (P.O. Box Number is Not Acceptable)	
М	iami FL 33015		83		
			63		
			84 City		FL 85 Zip Code
11. Pursun	nt to the provisions of Sections 6	307.0502 and 607.1508. Florida Stat	utes, the above-named	corporation submits this statement for the	
office c	or registered agent, or both, in th	ne State of Florida. Such change was ne obligations of, Seption 607.0505	s authorized by the corp	corporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment as registered
SIGNATUR		Goot David	Dool	2 -	- /- 8フ
	Slandaré, typed or printed name of regis	sterod agent and title if applicable (V	OTF: Registered Agent signature	required when reinstating)	DATE
12.	OFFICE	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	
DILE NAME	GOOL, DANIEL JOHN		1.2 NAME.		L_1 Change L_1 Addition
STREET ADDRES	40000 ANAL OO AVE ADT	14-J	1.3 STREET ADORESS		
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
THE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRES	55		2.3 STREET ADDRESS		
CHY-ST ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change L Addition
NAME			3.2 NAME 3.3 STREET ADDRESS		le .
STREET ADDRES CITY-ST-ZIE	55		3.3 STREET ADDRESS 3		
THIE		DELETE	4.1 TITLE		Change Addition
NAMI			4. 2 NAME		-
STHEET AFTERES	is		4.3 STREET ADDRESS		
CHY 51-761			4.4 CITY - ST - ZIP		······································
Hite		DELETE.	5.1 TITLE		Change 🔲 Addition
NAME:			5.2 NAME		
STREET ADORES	55		5.3 STREET ADDRESS		
STREET ADORES	55	□ n¢i Erc	5.3 STREET ADDRESS 5.4 City-St-Zip		Change Addition
STREET ADORGS ONY STEZIE TOTAL	88	DELETE	5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title		Change Addition
STREET ADORS: COLY: ST: ZIP TOLE NAME		☐ DELETE	5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title 6.2 NAME		Change Addition
STREET ADORGS CHY+ST+ZIP THILE] DELETE	5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title	MANAGARA ARABAN MANAGARA	Change Addition

14. 1 do hereby certily 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 armual 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

Apr 11 1997 8:00am

Secretary of State