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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011112 (8)

MIRACLE MIKE, SNAP-ON TOOLS DEALER, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		i anninger tig ibigb tilli deliti ballt setti betat til	ide elmat erma, eldin 1581 elizi
4020 TENTA DRIVE 4020 TENTA DRIVE WINTER PARK FL 32792 WINTER PARK FL 32792					
		WINTER PARK FL 32792		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				02/08/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		24-9909949	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1 0 4	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Cu	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
		ment Registered Agent	81 Name	10. Hanne and Address of Isam Healstein	Agent
	IATTRY, MICHAEL D				
4020 TENITA DRIVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32792			B3		
			155		
			84 City	<u>-1</u>	85 Zip Code
44 5		0/00		orporation submits this statement for the purpose or oration's board of directors. I hereby accept the ap	-
12.		AND DIRECTORS	Flagislared Agent signature re	equired which reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	\$ T	DELETE	1.1 TITLE		Change Addition
NAME	QUATTRY, HOLLIS H		12 NAME		
STREET ADDRESS	4020 TENITA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - ST - 7IP		
TITLE	P	☐ DELĒTĒ	, 2.1 TITLE		Change Addition
NAME	QUATTRY, MICHAEL D		2.2 NAME		
STREET ADDRESS	4020 TENITA DRIVE		2.3 STREE1 ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	DELETE	2.4 CITY - ST - ZIP		Choose Addition
TITLE NAME	! .	[_] necest	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS					
CITY-ST-ZIP		,	5.3 STREET ADDRESS		
			5.3 STREET ADDRESS 5.4 CITY_ST-ZIP		
TITLE		DELETE			☐ Change ☐ Addition
TITLE NAME		DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
		☐ DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE	5.4 CITY-ST-ZIP 61 TITLE 62 NAME		☐ Change ☐ Addition

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 informatio indicated on this annual report or supplience tal 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 trusted 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.

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