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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000047462 (5) DOCUMENT #

INDUSTRIAL TOOLING, INC.

Principal Place of Business

WEBER INDUSTRIAL PARK 2754 MICHIGAN AVE BAY 2 Mailing Address

P.O. BOX 420700 KISSIMMEE FL 34742-0700

FILED Apr 13 1998 8:00am Secretary of State



KISSIMMEE F	L 34744	US		DO NOT WRITE IN THIS S	PACE	
US				3. Date Incorporated or Qualified 06/28/1993		
- \ \ \ \~\	lace of Business	20. Mailing Address		4, FEI Number	Applied For	
	New Industrial You K		3 (00	59-3192188	Not Applicable	
Suite, Apt. 22 76 プ	Michigan AUD	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	SIMMOO, PI	City & State 28 Nissim	vaca Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
23 W& Zip	Country	28 Y(\(\frac{155}{55}\) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Country	 	Added to Fees	
	14 25 VSA	29 34742- 6700 34			LYes □ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
FREULER, PETER J CPA			81 Name			
231 N. BERMUDA AVE.			82 Street Address (P.O. Box Number is Not Acceptable)			
KISSIMMEE FL 34741						
			83			
			84 City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the above-named corpo	oration submits this statement for the purpose of	hanging its registered	
office or re	egistered agent, or both, in the State on familiar with and accept the obligation	of Florida. Such change was autions of Section 607,0505. Florid	horized by the corporation	on's board of directors. I hereby accept the appo	intment as registered	
SIGNATURE	and a description of the series					
	Signature, typed or printed name of registered agent		Registered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D CANADO MANUEL E	☐ DELETE	1.1 TITLE	l l	Change Addition	
NAME	SAYAGO, MANUEL E		1.2 NAME			
STREET ADDRESS	2624 BURWOOD AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	· · · · · ·		
TITLE	D proces navano appora s	☐ DELETE	2.1 TITLE	l l	Change Addition	
NAME	PEREZ-SAYAGO, NYDIA E		2.2 NAME			
STREET ADDRESS	2624 BURWOOD AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY+ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CFTY-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		10	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		,	5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			64 CITY-ST-7/P			

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 suppliemental 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.

SIGNATURE:

4-5-98

(407)931-0733