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

Mailing Address

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039827 (8)

L - H TOOLING INC.

Principal Place of Business

**FILED** May 08 1998 8:00am Secretary of State

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HAMBALEK 4-29-98

2051 BRUECKI SARASOTA FL		2051 BRUECKNER DR SARASOTA FL 34231				DO NOT WRITE IN	THIS SPAC	F			
						3. Date Incorporated or Qualified 05/23/1994	111001710				
Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	umber Applied Fo				
		26	26			65-0493981		No	t Applicable		
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.	- <b></b> 1			5. Certificate of Status Desired	1 -	\$8.75 Additional Fee Required			
City & State	)	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
<b>Ž</b> ip	Country	Zip	Cou	ntry		8. This corporation owes or has paid th	ne current y	ear Int	angible		
il .	25	29	30			Personal Property Tax due June 30.	Ye:	s [	] No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ered Agen	l .			
HAI	MBALEK, LAJOS			81	Name						
205	1 BRUECKNER DR		<del> </del>			82 Street Address (P.O. Box Number is Not Acceptable)					
	RASOTA FL 34231										
			1	83							
			ŀ	84	City		<b></b> 85	Zip (	Code		
	•				•		FL				
office or re	to the provisions of sections or 1.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was ai	uthorized	d by ti	he corpora	poration submits this statement for the purp tion's board of directors. I hereby accept th	e appointm	ent as	registered		
SIGNATURE	Signature, typed or printed name of registored agen	I and title If applicable (NOFE	Registered	Agent	signature requi		ATE				
2.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER:			_		
mile [	P □ DELETE		1.5 713	1.1 TITLE				Change	Addition		
IAME	HAMBALCK, LAJOS		1.2 N	1.2 NAME							
TREET ADDRESS	2051 BRUECKNER DR	1.3 \$		3 STREET ADDRESS							
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ULTE	☐ D€LETE 2.17		2.1 711	TLE				hange	☐ Addition		
LAME			2.2 NAME								
REET ADDRESS			2.3 STREET ADDRESS		ORESS						
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NAME			3.2 N								
STREET ADDRESS			3.3 ST	REET AL	DORESS						
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WAE			4.2 N								
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LAME		•	5.2 NA		DDDCCC						
STREET ADDRESS	•				DORESS						
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MILE		□ pricir					F-1 4				
NAME			6.2 N/		DIMPECE						
STREET ADDRESS					DDRESS						
MY-ST-ZIP	perify that the information supplied with	h this filing does not qualify for		TY-ST-		Section 119.07(3)(i), Florida Statutes. I furt	her certify t	hat the	information		
indicated officer or o	on this annual report or supplemental	annual report is true and accu iver or trustee empowered to e	urate and	d that	my signatu	ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and	ide under o	ath; tha	atlam an		