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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039827

Country

25

1. Corporation Name

L - H TOOLING INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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24

Zip

051 BRUECKNER DR 2051 BRUECKNER DR
ARASOTA FL 34231 SARASOTA FL 34231

9. Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

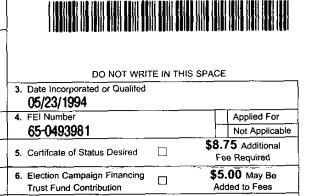
27.

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May 07, 1999 8:00 am Secretary of State

05-07-1999 90110 048 ***150.00



HAMBALEK, LAJOS 2051 BRUECKNER DR SARASOTA FL 34231

		Personal Property Tax.		Yes	□No
		10. Name and Address of New R	egistered A	gent	
81	Name				
82	Street Addi	ress (P.O. Box Number is Not Accepta	ble)		
83	·				-
84	City		FL	85	Zip Code

This corporation owes the current year Intangible

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the chlinations of Section 607.0505. Florida Statutes

Country

30

SIGNATURE	All Mark and the All All All All All All All All All Al	TE: Registered Agent signature required	d when reinstaling) DATE	
	S.g. S.	13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
12	OFFICERS AND DIRECTORS Delete		Change	
TITLE	•	1.1 TITLE	C. C	C
NAME	HAMBALCK, LAJOS	1.2 NAME		
STREET ADDRESS	2051 BRUECKNER DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	Change	Addition
NAME		3 2 NAME		
STREET ADDRESS		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 T/TLE	☐ 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-ZIP		6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR Date 4-30-99 SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)