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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90126 045 ***150.00

	1999					03-07-1999 90120	045 150.00	,
i. Corporation								
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Principal Place of Business Mailing Address						יסט נוופת וזומט ודונט וקזמו אוו וסטונמטו ו		#11 90 1111 1 99 1
5922 CORPORATE C PLACE 5922 CORPORTE C PLACE								
TAMPA FL 33634 TAMPA FL 33634							_	
US US						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						01/31/1995		
Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For
21		26				59-3289049		t Applicable
Suite, Apt. #, etc. Suite, Apt. #			≠, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22 City & State City & State						C. Floatice Compaign Financing	\$5.00	<u> </u>
,						6. Election Campaign Financing Trust Fund Contribution	Added t	,
				Country		This corporation owes the current year.		
			30	¬ ´		Personal Property Tax.	☐ Yes	[₽ No
24 25 29 36 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
	3. Italie and Address of Curre	rit Hegistered Agent		81	Name			
WAF	rner, robert						· <u></u>	
5922 CORPORATE C PLACE TAMPA FL 33634				82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
								
*****				63				
				84	City		85 Zip (Code
				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			FL 03 EB (1-41
office or t	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change v	was authoriz	ea by	the corpora	proration submits this statement for the purp ation's board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
SIGNATURE							ATE	
					t signature requ	ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO GITTEE	Change	Addition
TITLE	WARNER, ROBERT		1	1.2 NAME				
NAME	TOOL CORPORATE O DI ACE							
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33634			CITY-ST	r-ZIP		Change	Addition
TITLE		DELE1	1	TITLE			□ cuside	LJ Addition
NAME			1	NAME				•
STREET ADDRESS			2.3	STREET	ADDRESS			
CITY-ST-ZIP				4 CITY-S	T- ZIP			
TITLE	1	☐ DELET	TE 3.1	TITLE			Change	· C Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP			3.4	LCITY-S	T-ZIP			
TITLE		☐ DELE1	TÉ 4.1	TITLE			Change	☐ Addition

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.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

DELETE

4,3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 (8/3)249-6309

☐ Change

☐ Change

Addition

Addition

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CR2E034 (11/98)