Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90128 045 ***150.00

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 # P9500031611

1. Corporation Name

J.T.B. TOOL COMPANY, INC.

Principal P ac	a of Rusiness	Mailing Address					
l '							
5564 SW 112 TERR							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
l					04/18/1995		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
26					65-0592127	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
27		27			5. Certifcate of Status Desired	Fee R	equired
City & Stat	ee	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			- Trust Fund Contribution -	Added	to:Fees
Zip	Cour try	Zip	Count	try	8. This corporation owes the current year	Intangible	
24	25	293	0		Personal Property Tax.	Yes	_ ∃No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			18	Name			
Liberman, jill				32 Street Add	ress (P.O. Bo) Number is Not Acceptable)		
5564 SW 112 TERR				JZ OUCCI AND	meas (1.0. box Marines, 15 Not Nocephasie)		
C00	PER CITY FL 33330		1	33			
						95 7:-	<u></u>
			1	34 City	F	85 Zip	Code
44 Dureus nt	to the provisions of Sections 607 050	02 and 607 1508. Florida Statutes	the abo	ove-named cc r	poration submile this statement for the purpose	of changing its	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	ecf Florida. Such change was ₃ut	horized l	by the corporat	ion's board of directors. I hereby accept the app	cointment as re	∍g stered
SIGNATUFE					ed when reinstating) DATE		
	Signature, typed or printed name of registered age		<u> </u>	gent signature requir	oo maa biinbaariy,	WO DIRECT	OFICIN 12
12.		NI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE	D	DETEIL	1	į			
NAME	LIBERMAN, JILL		1.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33330			'-ST-ZIP		Channe	Addition
TITLE	D	☐ DELETE	2.1 TITL	E		Change	Addition
NAME	LIBERMAN, DANA		2.2 NAM	E			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33330		2.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	3 1 TITL	E		Change	☐ Addition
NAME			3.2 NAM	E	خصور این د		
STREET ADDRESS	-	, .	3.3 STR	EET ADDRESS			
CITY-ST-ZJP			3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Change	Addition
NAME	1		4. 2 NAM	ME :			
STREET ADDRESS	1		43 STR	EET ADDRESS			
SINCE ROUND N							

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 a lother like empowered.

4 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

TITLE

NAME

TITLE

NAME

RE AND TYPEDIOR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

DELETE

☐ DELETE

Change

Change

Addition

Addition