
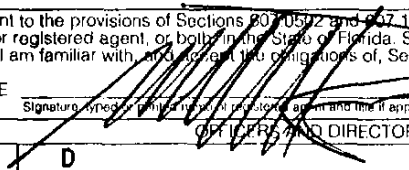


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000036017 (8) 1. Corporation Name CONQUERER PERFORMANCE TOOL CORP.					
Principal Place of Business 2400 W. COPANS RD. #7 POMPANO BEACH FL 33069 US			Mailing Address 2400 W. COPANS RD. #7 POMPANO BEACH FL 33069 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. #8 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. #8 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/03/1995 4. FEI Number 65-0650472 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOLDMAN, ARNOLD 22567 CARAVELLE CIR BOCA RATON FL 33433			10. Name and Address of New Registered Agent 81 Name Michael Zucker 82 Street Address (P.O. Box Number is Not Acceptable) 22504 CARAVELLE CIR. 83 1 84 Boca Raton FL 85 Zip Code 33433		
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  DATE 3/18/98 (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME GOLDMAN, ARNOLD STREET ADDRESS 22567 CARAVELLE CIR CITY-ST-ZIP BOCA RATON FL 33433 TITLE D <input type="checkbox"/> DELETE NAME ZUCKER, MICHAEL S STREET ADDRESS 22504 CARAVELLE CIR CITY-ST-ZIP BOCA RATON FL 33433 TITLE D <input type="checkbox"/> DELETE NAME DOLLER, HANS G STREET ADDRESS 424 HENDRICKS ISLE CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE: 

CR2E034 (10/97)