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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041871 (1)**1. Corporation Name

EXECUTIVE TOOL COMPANY, INC

FILED Apr 30 1997 8:00am Secretary of State

Principal Place 2796 SE MONE STUART FL 34: US	ROE ST	Mailing Address 2796 SE MONROE ST STUART FL 34997-5901 US			
					3. Date incorporated or Qualified 3a. Date of Last Report 05/30/1995 04/15/1996
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number Applied For 65-0582473 Not Applicable
Suite, Apt. #, ctc. 22 City & State		Suite, Apt. #, etc. 27 City & State		~ 	5. Certificate of Status Desired S8.75 Additional Fee Required
				· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing \$5.00 May Be
23 [†] Ziți	Country	28 Zip	Countr	y	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent
HO		rrent Hegistered Agent	81	Name	10, Name and Address of New Registered Agent
HOAG, KEVIN 2796 SE MONROE ST STUART FL 34997		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
					less (r. c. box Northoli is Not Acceptable)
			83	1	
			84	City	FL 85 Zip Code
agent La SIGNATURE	am farmitar with, and accept the of	aligations of, Section 607.0505, Flo	orida Statute	9S.	tion's board of directors. I hereby accept the appointment as registered red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7/1(5	PD	DELETE	1.1 TITLE		Change Addilion
NAME	HOAG, KEVIN		1.2 NAME		
STREET ADDRESS CITY (\$1-70)	2796 SE MONROE ST STUART FL		1.3 STREE	T ADDRESS	
1/LF	VPD	DELETE	21 TITLE	31-21	Change Addition
NAME	MACKAY, WILLIAM		22 NAME		
STREET ADDRESS	2796 SE MONROE ST STUART FL		P	T ADDRESS	
CHY ST ZIF TITEF	SIUANI FL	DELETE 3.17()		-ST-ZIP	Change Addition
NAME			3.2 NAME	1	: — · · —
STREET ADDRESS			3 3 STREE	T ADDRESS	
CITY+ST-ZIP TITES		☐ DELETE	3.4. CITY- 4.1 TITLE		Change Addition
NAME		securit	4. 2 NAMI		based Coloring - Quant Coloring
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-S1 7iP		☐ DELETE	44 CITY-	ST-ZIP	☐ Change ☐ Addition
T ILE NAME		☐ nereie	51 TITLE 52 NAME		Li cinarge Li Aubitul
STREET ADORESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		[] DELETE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME	1	
CEDELL KOUSSICO.			E S C C C C C C	T ANDRESS	
STREET ADDRESS : Crty+St-7IP			6.3 STREE 6.4 City-	T ADDRESS ST-ZIP	