

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000052600
1. Corporation Name

TOOLS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3300 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33076	Same, STE 510

FILED

98 AUG 31 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied for
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0600082	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	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

DUBROW, DUKER & ASSOCIATES, PA
2840 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent's signature required when installing)

Date

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	BRIAN L. HOMAN	
STREET ADDRESS	2800 CORAL SPRING DR #20A	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN L. HOMAN

8/28/98 954-796-9007

CR2E034 (10/97)



TooLs Systems Management

3300 N University Dr. Ste 510

Coral Springs, Florida 33065

800-811-8665

Fax 954-796-9010

August 6, 1998

Reinstatement Section
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2

RE: **TOOLS MANAGEMENT, INC. FEI # 65-0600082**

To Whom It May Concern:

We recently submitted an Application For Registration of Fictitious Name (CLUB DUES TSM) your reference number 498A00040103 (copy enclosed). In response we received notification from the Florida Department of State that the application could not be processed as the original entity (TOOLS MANAGEMENT, INC.) is inactive. This information took us by surprise as our company has never been dissolved. I was informed by the reinstatement department that the status was changed to inactive on September 26, 1997 due to non payment of the 1997 fees.

During 1997 our company relocated to our current location of 3300 N. University Drive, Coral Springs, FL 33065. Our previous location as listed on your printout (copy enclosed) is an Executive Suite in which we rented office space. The mail was delivered to a front office receptionist and then distributed to each office. When we relocated we inquired about forwarding our mail; but we were informed that we could not forward out mail to the new location because of the postal distribution procedures within the building. For months I regularly picked up our mail but I am afraid that after the initial few months the mail was discarded. Since the renewal notice was sent to the old address, I am quite certain that the original renewal notice and subsequent notices were unfortunately discarded.

At this time I respectfully request that the \$600.00 reinstatement fee be waived in light of these extenuating circumstances. As a small business this additional expense would be quite a financial hardship. There was never any intent to ignore or disregard the annual fee. If we would have received our renewal notice we definitely would have made a timely payment. We made every attempt to receive our mail following our move but unfortunately we were not in control of the distribution within our previous building. I am enclosing a check in the amount of \$315.00 covering filing fees for 1997 and 1998. I am hoping that you accept this check as payment in full for our renewals and that the reinstatement fee be waived. Thank you in advance for your consideration. Should you have any questions or require additional information please do not hesitate to contact me at 954-796-9007.

Sincerely,


Brian L. Homan
President, TooLs Management, Inc.

encl.