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**

POCUMENT # P9600002657 (0)

AMERICAN TOOLS, INC.

FILED Mar 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						T INDIVIDUI (IID INCEN DOIN BAIN ORAH BANK DI		HI 1001 1001
2040 N.E. 163 RD ST. PO BOX 601193								
103 NORTH MIAMI BEACH FL 33162 US						DO NOT WRITE IN THIS SPACE		
US		00				3. Date Incorporated or Qualified		
						01/04/1996		
· ·	Place of Business	2a. Mailing Address				4. FEI Number	 	oplied For
Suite, Apt.	# atc	Suite, Apt. #, etc.	····			65-0632561		ot Applicable
22	#, U.C.	27				5. Certificate of Status Desired		Additional equired
City & Stat	6	City & State	 			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	—	untry		8. This corporation owes or has paid the		
24	25	[29]	30	· · ·		Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Hagistered Agent		61	Name	10. Name and Address of New Regist	ered Agent	
	.SS, LES 40 N.E. 163RD ST.							
	E 103			62	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	ORTH MIAMI BEACH FL 33162			83				
				84	Oit.		Tagl 7:-	Code
				1 1	City		FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	tutes, the a	bove	e-named corpo	oration submits this statement for the purp on's board of directors. I hereby accept th	ose of changing it	ts registered
agent. I a	im familiar with, and accept the oblig	pations of Section 607.0505.	Florida Stat	lutes	s.	or a board of directors. I hereby accept the	e appointment as	iegisiereo
SIGNATURE								
12.	Signature, typed or printled name of registered ag OFFICERS AN	IP DIRECTORS	OTE: Registere	d Age	ent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICER:	DATE S AND DIRECTOR	3S IN 12
TITLE	DPS	DELETE	1.1 Ti	TLE	-		Change	Addition
NAME	BASS, LES		1,2 N	AME			-	
STREET ADDRESS	2040 NE 163RD ST., STE 10	3	1.3 S	TREET	ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CI	TY - \$1	T-ZIP			
TITLE		☐ DELETE	2.1 Ti				Change] Addition
NAME			2.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 C		ST-ZIP		Change	Addition
NAME			3.1 N				Ontarigo (ma	,,
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					T-ZIP			
TITLE		DELETE	4.1 TI				Change	Addition
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 ST	FREET	ADDRESS			
CITY-ST-ZIP		Distra	4.4 CI		T- ZIP			
TITLE		☐ DELETE	5.1 TI				Change	Addition
NAME OTOSET ADDRESS			5.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	. 5.4 CI 6.1 Tf		1 - ZIP		Change	Addition
NAME		_ 2000 IL	6.2 N/				onange	/ Addition
STREET ADORESS					ADDRESS			
CITY-ST-ZIP			6.4 Cf					
	certify that the information supplied w	vith this filing does not qualify				ection 119 07(3)(i) Florida Statutes I furth	ner certify that the	information

indicated on this annual report or supplemental annual report is frue 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.