

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008394 (4)

1. Corporation Name

FACE TOOLS, INC.

Principal Place of Business

2525 MOODY BLVD.
FLAGLER BEACH FL

Mailing Address

PO BOX 1869
FLAGLER BEACH FL 32136-1869

2. Principal Place of Business

21 2525 Moody Blvd.
Suite Apt. # etc.

2a. Mailing Address

26 P.O. Box 1869
Suite, Apt. #, etc.

22 City & State

23 Flagler Beach FL

27 City & State

28 Flagler Beach FL

Zip

24 32136

Country

29 Zip

30 32136-1869

9. Name and Address of Current Registered Agent

MURZYN, JOHN
2656 SOUTH A1A
FLAGLER BEACH FL 32136

3. Date Incorporated or Qualified

01/23/1996

3a. Date of Last Report

4. FEI Number

59-3356730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Flagler Beach

FL

Zip Code

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 officer 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:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PD	<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition to correct spelling
STREET ADDRESS	ARVE, RICHARD 2656 SOUTH A1A FLAGLER BEACH FL 32136	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
CITY, ST, ZIP	STD	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition to correct spelling
NAME	MURZYN, JOHN 2656 SOUTH A1A FLAGLER BEACH FL 32136	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP		3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME		4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
CITY, ST, ZIP		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, ST, ZIP		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do 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

3-12-97 904-4139-3305

Date

Daytime Phone #

0027426

CR2E034 (9/96)