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 #

1. Corporation Name

P96000008394 (4)

FACE TOOLS, INC.

FILED Jan 29 1998 8:00am Secretary of State

A KARDIÁTA DIR IBRIT TIKK RÁDIA BADA RIDIA BADA HÁDA ITUKA KILIKA KADA AKAK KARD

| | | r | | Bi 1838 |
|---|--|--|--|-----------------------------------|
| Principal Place of Business Mailing Address | | - - | I CANTINGS LIR LANCE BILLS AND | AT 1848A TINIA TATAT ATAT (88) |
| 2525 MOODY BLVD. FLGLER BEACH FL 32136 US | PO BOX 1869 FLGLER BEACH FL 32136 US | | DO NOT WRITE IN THIS | SPACE |
| | | | Date Incorporated or Qualified 01/23/1996 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-3356730 | Not Applicable |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | tty & State City & State | | 6, Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 24 25 | 29 30 | ountry | | Yes No |
| g. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| Murzyn, John | | 81 Name | | |
| 2656 SOUTH A1A FLGLER BEACH FL 32136 | | 82 Street | ess (P.O. Box Number is Not Acceptable) | |
| | | 83 | | |
| | | 84 City | FL | 85 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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD Change Addition DELETE TITLE 1.5 TITLE ARVE, RICHARD NAME 1.2 NAME **2656 SOUTH A1A** 1.3 STREET ADDRESS STREET ADDRESS FLGLER BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 32136 DELETE ☐ Addition 2.1 THILE TITLE FL MURZYN, JOHN NAME 2.2 NAME **2656 SOUTH A1A** STREET ADDRESS 2.3 STHEET ADDRESS FLGLER BEACH FL 2.4 CITY-ST-ZIP BEACH, CITY-ST-ZIP DELETE 31 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.

1-24-98

CR2E034 (10/97)