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 # P96000015043 (8)

BEST INDUSTRIAL TOOL AND SUPPLY, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 10521 NW 11 COURT 10521 NW 11 COURT						43101 (1561 61111 \$3111 E154	75 Prof. 1461
PLANTATION FL \$3322		PLANTATION FL 33322		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	IN THIS SPACE	
					02/13/1996		
2. Principal Place of Business 21 2950 N STMURD 7		2a. Mailing Address 26 2950 N STATE R 7		1		plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	□ \$8.75 A		
22		27		<u> </u>	Fee Required		
City & State	A	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip Country		Zip Country		8. This corporation owes or has paid			
24 330		29 33063	30 L	1SA	Personal Property Tax due June 3	30. 🔲 Yes 🗆] No
	g, Name and Address of Curren	t Registered Agent		Name	10. Name and Address of New Reg	Istered Agent	
	ONSON, DAVID		Ľ				
	21 NW COURT INTATION FL 33322		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable	9)	
,	MINION I E 33322		8	13	1,		
			8	4 City		85 Zip C	Code
44 5	A 16 A 207 050	0 I CO7 15 00 Florido Oras					
office or re	othe provisions of Sections 607.050 agistered arient, or both, in the State	of Florida, Such change was	tes, the abo authorized	ove-named corp by the corporat	poration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its the appointment as	registered registered
7		alions of Section 607.0505, FI	orida Statul	les.	4/29	198	
SIGNATURE	Signature, typed of protect name of registered age	PON) reteral application (NOT)	IF Registured A	Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D DELETE ARONSON, DAVID		1.1 TITL	ľ		☐ Change	Addition
NAME STREET ADDRESS	10521 N.W. 11TH COURT		1.2 NAM	ET ADDRESS			
CITY-ST-ZIP	PLANTATION FL			-ST-ZIP			
TITLE			2.1 1111			☐ Change	Addition
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2 4 CHTY-ST-ZIP				
TITLE		DELETE	3 1 TITLE			☐ Change	L Addition
NAME			3.2 NAM	•			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE			3.4 GITY 4.1 TITLE	- S1 - ZIP		Change	Addition
NAME		[] beach	4.1 HILL	i		☐ Change	C) Addition
STREET ADDRESS				E1 ADDRESS			}
CITY-ST-ZIP				- ST - ZIP			
TITLE		☐ DELETE	5 1 TITL			Change	Addition
NAME			5.2 NAM	E			}
STREET ADDRESS	DDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE 6.1				Change	Addition
NAME			6.2 NAM	٤			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			64 CITY				
14 I hereby c	ertity that the information sympled wi	ith this filing does not qualify fo	or the exem	notion stated in	Section 119 07(3)(i) Florida Statutes, Lfr.	irther certify that the	intormation L

a narrow county man the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or sure itemental antibal 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 of the receiver in 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 changing, or man altrichment with an address.

4/29/98