

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # P96000029283 (4)

1. Corporation Name  
TOTAL TOOL SERVICE, INC.



Principal Place of Business  
460 BUSINESS PARKWAY STE F  
ROYAL PALM BEACH FL 33411

Mailing Address  
460 BUSINESS PARKWAY STE F  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified  
03/27/1996

3a. Date of Last Report

4. FEI Number  
65-0658445

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRODY, ROBERT  
4362 NORTHLAKE BLVD. STE 202  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name  
BRODY, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)  
1601 Forum Place, Suite 404

83 City  
West Palm Beach FL 85 Zip Code  
33401

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 signature required when reinstating)

4/15/97

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. D  
KIELAR, S J  
17629 31ST ROAD NORTH  
LOXAHATCHEE FL 33470

2. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

4/15/97

(561) 795-0505

CR2E034 (9/96)