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(1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 9960000 81796
1. Corporation Name CUSTOM MACHINE SHOP, INC.
7 E. Lucy St. P.O. Box 924320
Principal Place of Business FL City, FL 33034 Mailing Address Miami, FL 33092-4320

2. Principal Place of Business
21 7 E. Lucy St. FL City, FL 33034 USA
22 FL City, FL 33034 USA
23 33034 USA
24 Zip 33034 Country USA

2a. Mailing Address
26 P.O. Box 924320 Miami, FL 33092-4320 USA
27 Miami, FL 33092-4320 USA
28 33092-4320 USA
29 Zip 33092 Country USA
30 Zip 4320 Country USA

3. Date Incorporated or Qualified 9-30-96
3a. Date of Last Report None
4. FEI Number 65-0738679 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
VALERIE LAWRENCE
14000 SW 240 ST.
MIAMI, FL 33032

10. Name and Address of New Registered Agent
81 Name JIM LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable) 14000 SW 240 ST.
83 MIAMI FL 33032
84 City MIAMI FL 33032
85 Zip Code 33032

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 Valerie Lawrence VALERIE LAWRENCE SEC. DATE 8-4-97

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	PETER MITTEN	
STREET ADDRESS	25330 SW 126 CT.	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	VICE PRES	<input type="checkbox"/> DELETE
NAME	VALERIE LAWRENCE	
STREET ADDRESS	14000 SW 240 ST.	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	VICE PRES	<input type="checkbox"/> DELETE
NAME	VALERIE LAWRENCE	
STREET ADDRESS	14000 SW 240 ST.	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	VALERIE LAWRENCE	
STREET ADDRESS	14000 SW 240 ST.	
CITY-ST-ZIP	MIAMI, FL 33032	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JIM LAWRENCE	
13 STREET ADDRESS	14000 SW 240 ST.	
14 CITY-ST-ZIP	MIAMI FL 33034	
21 TITLE	VICE PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VALERIE LAWRENCE	
23 STREET ADDRESS	14000 SW 240 ST.	
24 CITY-ST-ZIP	MIAMI FL 33032	
31 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VALERIE LAWRENCE	
33 STREET ADDRESS	14000 SW 240 ST.	
34 CITY-ST-ZIP	MIAMI FL 33032	
41 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VALERIE LAWRENCE	
43 STREET ADDRESS	14000 SW 240 ST.	
44 CITY-ST-ZIP	MIAMI, FL 33032	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	900002255509-6	
54 CITY-ST-ZIP	-08/14/97-01005-013	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	***173.75 ***173.75	
64 CITY-ST-ZIP	8-12-97	

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: Valerie Lawrence Secretary DATE 305-242-5057

CR2E034 (9/96)

1 To: Division of Corporations 8-5-97 (2)

2
3 FROM: Custom Machine Shop, Inc.
4 P.O. Box 924320
5 Miami, Fl. 33092-4320
6

7 Re: Annual Report late filing
8

9 Dear Sirs:

10 The former Pres. Peter Mitten
11 was receiving all mail, reports
12 from you, at his personal address.
13 Our corporation has had problems
14 with him and he finally has
15 resigned. We have elected a new
16 President Jim Lawrence. I called
17 Tall. and requested a new 201.
18 Cor Profit A/R and had our
19 address changed to receive future
20 mailings from you. I'm enclosing
21 the 201. Cor Profit A/R form
22 with \$165 fee.

23 Thank-you for your help
24 concerning the problems with
25 our Corporation, former President, no
26 forms, wrong address, etc.

27 Respectfully,
28 Valerie Lawrence, Secretary