

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000086424 (4)

1. Corporation Name

TOOL EXPERTS, INC.



Principal Place of Business

Mailing Address

4722 NW BOCA RATON BLVD. #C-107
BOCA RATON FL 33431-4873

4722 NW BOCA RATON BLVD. #C-107
BOCA RATON FL 33431-4873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

65-0708150

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 8652 Escondido Way E.

2a. Mailing Address

26 8652 Escondido Way E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Boca

27 Boca

City & State

23 Boca Raton, FL.

City & State

28 Boca Raton, FL.

24 33433

25 Palm Beach

29 33433

30 Palm beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, LEO A
133 BOCA RATON RD.
BOCA RATON FL 33432

81 Name

82 Street Address (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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME KARR, JULIA
STREET ADDRESS 8652 ESCONDIDO WAY, EAST
CITY-ST-ZIP BOCA RATON FL 33433

1.1 TITLE P/S ☒ Change ☐ Addition

TITLE VP ☒ DELETE

NAME RAWLINGS, ADLEEN
STREET ADDRESS 8628 NW 24TH AVE.
CITY-ST-ZIP BOCA RATON FL 33496

1.2 NAME ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME KARR, JEFF
STREET ADDRESS 8652 ESCONDIDO WAY, EAST
CITY-ST-ZIP BOCA RATON FL 33433

1.3 STREET ADDRESS T/VP ☒ Change ☐ Addition

TITLE S ☒ DELETE

NAME RAWLINGS, EVERTT
STREET ADDRESS 8628 NW 24TH AVE
CITY-ST-ZIP BOCA RATON FL 33496

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

14. I 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:

Julia Karr

3/30/98 (561) 852-8869

CR2E034 (10/97)