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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # PORODORS744 (3)

FILED Apr 09 1997 8:00am Secretary of State

FLORIDA CARBIDE AND TOOL SHARPENING, INC. Principal Place of Business Mailing Address 1121 WISCONSIN AVENUE 1121 WISCONSIN AVENUE PALM HARBOR FL 34683 PALM HARBOR FL 34683-4344										
	Prace of Busin	ess	├ ──┐	ing Address		******	3. Date Incorporated or Qualifier 10/25/1996 4. FEI Number 5. August 2.6.60			Applied For
	Suite, Apt #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22 City & Sta	ile		27 City	& State			6. Election Campaign Financing			Required May Be
23			28				Trust Fund Contribution			to Fees
Zip		Country	Zip	_	Cour	itry	8. This corporation has liability for			s. 199.032,
24		25	29		30		Florida Statutes	X Yes		····
		and Address of Curre	nt Registered	Agent		B1 Name	10, Name and Address of New	Hegistered	Agent	
		CELLA C ESO.			Į	Ivallie				
	S8 BAYSHOF					82 Street Address (P.O. Box Number is No		table)		
DU	NEDIN FL 34	1098			ŀ	B3				
					[
						City		FI	85 Zip	Code
agent L			o or promise oc	ion change was	authorized	by the corpor	ation's board of directors, I hereby acc	oopt aid abt		D / U B / U I U I
SIGNATURE		or posted name of registered ag	grif and title if apple	cable. (NO	TE Registered		rporation submits this statement for the ation's board of directors. I hereby account when reinstaling.	DATE		
SIGNATURE	Signature typed	or posted name of registered ag		cable. (NO	TE Registered	Agent signature req		DATE	DIRECTO	
SIGNATURE 12. TITLE	Signature typed	or protect name of registered ag OFFICERS AN	grif and title if apple	cable. (NO	TE Registered 13.	Agent signature req	jured when reinstating)	DATE		PRS IN 12
SIGNATURE 12. TITLE NAME	PVST ATHERTO	ov printed name of registered ag OFFICERS AN ON, NORMAN G	grif and title if apple	cable. (NO	13. 1.1 TITE	Agent signature req	jured when reinstating)	DATE	DIRECTO	
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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