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

DOCUMENT # P96000100358 (6)

TED'S TOOLS, INC.

Principal	of	Businoss

1710 8W 5TH AVENUE POMPANO BEACH FL 33061 Maiting Address

1710 SW 5TH AVENUE POMPANO BEACH FL 33060-9012

FILED May 12 1997 8:00am Secretary of State



,		<u> </u>			 Date Incorporated or Qualified 12/09/1996 	3a. Date of Last Report			
-	lace of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		[26] Suite, Apt. #, etc.	[26]		65-0716584	Not Applicable			
├ ──		27 Suite, Apt. #, etc.	Suite, Apt. 4, etc.		5. Certificate of Status Dosired	\$8.75 Additional Fee Required			
		City & State	v & State		6. Election Campaign Financing	\$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for in				
24	25	29	30			Yes No			
	9. Name and Address of Curren	t Registered Agent		-1	10. Name and Address of New Reg	distered Agent			
	MAN, EDWARD W		81	Name					
1710 SW 5TH AVENUE			82	Street A	treet Address (P.O. Box Number is Not Acceptable)				
POMPANO BEACH FL 33061									
			83	1					
			84	City		FL 85 7ip 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 age	•			equired when reinstating)	DAIE			
12,	OFFICERS AND		13.	ioni signitita e i	ADDITIONS/CHANGES TO OFFIC				
TITLE	PSD	☐ DELFTE	1.1 1111.6	·		Change Addition			
NAME	SLEEMAN, EDWARD W		12 NAME						
STREET ADDRESS	1710 SW 5TH AVENUE		13 STREE	1 ADDRESS		{			
CITY-ST-ZIP	POMPANO BEACH FL 33061		1.4 D/TY-	ST-ZIP]			
TITLE	VID	☐ DELETE	2.1 TITLE		124 \ 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition			
NAME	SLEEMAN, MEREDITH		2.2 NAME						
STREET ADDRESS	1710 SW 5TH AVENUE		2.3 STREE	1 ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33061		2. 4 CITY-	\$1 - ZIP					
TITLE		☐ DELETE	3.1 11166			Change Addition			
NAME			3.2 NAME						
STREET ADDRESS			33STREE	1 ADDRESS					
CITY-ST-ZIP			3 4. CHY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change Addition			
NAME			4. 2 NAME						
STREET ADDRESS	;*			1 ADDRESS					
CITY-ST-ZIP		OELETE	4.4 C(1Y -	\$1-7IP		Change Addition			
TITLE		[] OLLLIE	6.1 111LE			Change CT Addition			
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	54 DITY-:	SI-ZIP		Change Addition			
		[] pereit				C Ontange C Modified			
NAME OTOTES ADDRESS			6.2 NAME	1.40000000					
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP	ov certify that the information supplier	1 with this filing does not qualify	6.4 City- v for the ex		ated 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 eath; 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! Edent Mariffrance

4hab

904-182-2219