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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000100358 (6)

TEDIO TOOLO INO

**FILED** 

Apr 15 1998 8:00am

Secretary of State

IEU S	5 TOOLS, ING.				
Principal Plac	e of Business	Mailing Address			I OBAKA BURAUT ARIBI BIADA ADAL ADDI
l	TH AVENUE	1710 SW 5TH AVEN	nif		
	BEACH FL 33061	POMPANO BEACH F			
				DO NOT WRITE IN THE	S SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>12/09/1996</li> </ol>	
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-07 16584	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Ctol		City P. State			Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	Yes No
[24]	9. Name and Address of Curre		[30]	10. Name and Address of New Registere	
¢	SLEEMAN, EDWARD W		81 Name		<del> </del>
	710 SW 5TH AVENUE		20 0	(0.0.5.1)	<del>, -</del> -
	OMPANO BEACH FL 33061		82 Street A	Address (P.O. Box Number is Not Acceptable)	
'	OM AND BEACHTE SOUT		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	itules, the above-named	corporation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change wa pations of. Section 607.0505.	as authorized by the corp Florida Statutes.	poration's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE		,			
SIGNATURE	Signature, typed or printed name of registered ag	jont and tille if applicable (N	NO1E: Registered Agent signature		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SLEEMAN, EDWARD W		1.2 NAME		
STREET ADDRESS	1710 SW 5TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3300		1.4 CITY - ST - ZIP		= <b>_</b>
TITLE	VTO	☐ DELETE	2.1 TITLE		Change Addition
NAME	SLEEMAN, MEREDITH		2.2 NAME		
STREET ADDRESS	1710 SW 5TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 3306		2. 4 CITY - ST- ZIP		
TITLE		☐ DELET <b>E</b>	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ victit	4.1 TITLE		C change Modition
NAME OTDOOR LDOOR OF			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		F 20001	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELET <b>É</b>	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
ACTU AT THE			OU OTHER REPORTED		

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 suppliemental 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 3 if changed, or on an attachment with an address.