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

	MEN # P9700 West quality tools, i	0073103 (8) NC.			1816
Principal Plac	e of Business	Mailing Address			998 0 (1)91 (1911) 98 18 8 (1)1 (10 4
1402 VENDOME CT. CAPE CORAL FL 33904		1402 VENDOME CT. CAPE CORAL FL 33904		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 08/22/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21]		26		65-0776481	Not Applicable
Suite, Apt.	· <u></u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ee	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	7ip	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
	g. Name and Address of Curre			10. Name and Address of New Registers	
COSTELLO, TRUMAN J 81 No				role.Tyner	
12670 NEW BRITTANY BLVD. #101 FT. MYERS FL 33907			82 Street Ado	dress (B.O. Box Number is Not Acceptable)	
[F1.	MIERO PL 3380/		83	N remone 9:	
			84 City	pe Coral F	B5 Zip Code
office or r	registered agent, or both, in the State	te of Florida. Such change was at	s, the above-named cou	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE	im lamiliar with, and accept the obli	fres.			
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	Registered Agent signature requ	uirod when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	TYNER, CAROLE		1.2 NAME		
STREET ADDRESS	1402 VENDOME CT.		1.3 STREET ADDRESS		
CITY+S1-ZIP	CAPE CORAL FL 33904		14 CITY-ST-ZIP		
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	TYNER, KENT		2.2 NAME	•	
STREET ADDRESS	145 GLENMERE WAY		2.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	HOLBROOK NY 11741	DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME		E.J OCCUL	3.1 TITLE : 3.2 NAME	•	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- ZIP		;
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE NAME		D DESCRIP	6.1 TITLE		☐ Change ☐ A00810H
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

3/21/98-1941-2464

FILED

Apr 06 1998 8:00am

Secretary of State