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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000030658

Country

9. Name and Address of Current Registered Agent

25

4901 NORTHWEST 17TH WAY

FORT LAUDERDALE FL 33309

LANDINO, ANTHONY M

Corporation Name

AFFORDABLE TOOLS, INC.

Principal Place of Business

2. Principal Place of Business

SUITE 305

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

2611 LEE STREET HOLLYWOOD FL 33020

21

22

24

2611 LEE STREET HOLLYWOOD FL 33020

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90011 031 \*\*\*150.00



e de la companya de	
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed 04/02/1998	
4. FEI Number 65-0825324-	Applied For Not Applicable
E Cartificate of Statue Desired 1	3.75 Additional Fee Required
- ,	5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	
10. Name and Address of New Registered Agent	
RNARD ESMITH	
s (P.O. Box Number is Not Acceptable)	
1WOOD FIA 33020	
WOOD FL 85	Zip Code
tion submits this statement for the purpose of changing its registered sboard of directors. I hereby accept the appointment as registered	
Pacs Epent 3/20/99  Per reinstating)  DATE	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
The state of the s	Change

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's lagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. BERNARDE SMITH SIGNATURE OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE SMITH, BERNARD NAME 2611 LEE STREET 1,3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition □ DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE. 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 61TITIE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

Country

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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, with all other just empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99 954 921 0408

---CR2F034 (11/98)