2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PR

SIGNATURE:

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # S24881 1. Entity Name 04-06-2004 90030 015 ***150 00 MIKA TOOL & MACHINE CO., INC. Principal Place of Business Mailing Address 2300 TALL PINES DRIVE 2300 TALL PINES DRIVE **SUITE 123** SUITE 123 LARGO FL 33771-5319 LARGO FL 33771-5319 2. Principal Place of Business 8008 118 th IVE North 3. Mailing Address 8,008 118 th AVE WORTH Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State / ARGO FL City & State LARGO FL Applied For 4. FEI Number 59-3045534 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANIK SZING, FRANK 2300 TALL PINES DRIVE SUITE 123 **LARGO FL 33771** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. nit. PD ☐ Delete TITLE 8008 118 th AVE NORTH LARGO FL 33773 NAME SZING, FRANK NAME 2900 TALL PINES DRIVE - STE 123 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO PL 33771 CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE 8008 118 th AVE NORTH LARGO FL 33773 SZING, D. MARINA NAME NAME STREET ADDRESS 2900 TALL PINES DRIVE - STE-123 STREET ADDRESS LARGO-FL 39771 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP Delete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 12. 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 report or supplemental 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 10 or Block 11 if

FILED

72.7 548 5776

Daytime Phone #