

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S37722** (3)

1. Corporation Name

TRADESMAN MACHINING CO. INC.



Principal Place of Business: 9090 NW S RIVER DR, BAY 26, MEDLEY FL 33166, US
Mailing Address: 6631 W 14TH AVE, HIALEAH FL 33012, US

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0248156
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
22. Suite, Apt. #, etc. (22)
23. City & State (23)
24. Zip (24)
25. Country (25)
26. Suite, Apt. #, etc. (26)
27. City & State (27)
28. Zip (28)
29. Country (29)
30. City & State (30)

9. Name and Address of Current Registered Agent
ARNOLD, ELVA
6631 W 14 AVE.
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ARNOLD, ELVA	
STREET ADDRESS	6631 W 14 AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TURNER, CHARLES D	
STREET ADDRESS	10229 N.W. 82ND CIRCLE CT.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARNOLD, WILLIAM B.	
STREET ADDRESS	6631 W. 14TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President 7/15/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *William B. Arnold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96
887-4821
Date: _____
Telephone: _____

CR2E034 (12/95)