

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S89948 (1)  
1. Corporation Name  
PRODUCTIVITY TOOLS, INC.



Principal Place of Business Mailing Address  
651 NW 111TH TERR.  
CORAL SPRINGS FL 33071 651 NW 111TH TERR.  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	5942 NW 71 TERR.	26	5942 NW 71 TERR
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	PARKLAND FL	28	PARKLAND FL
Zip		Zip	
24	33067	29	33067
Country		Country	
25	BROWARD	30	BROWARD

3. Date Incorporated or Qualified	
10/25/1991	
4. FEI Number	Applied For
59-3090108	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
LUCIA, JEFFREY L  
651 NW 111 TERRACE  
CORAL SPRINGS FL 33071

81	Name	LUCIA, JEFFREY L.
82	Street Address (P.O. Box Number is Not Acceptable)	5942 NW 71 TERRACE
83		
84	City	PARKLAND
85	Zip Code	FL 33067

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 *Jeffrey L. Ruain* DATE *March 18, 1998*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIA, PAMELA S	1.2 NAME	
STREET ADDRESS	651 NW 111 TERRACE	1.3 STREET ADDRESS	5942 NW 71 TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE	VPSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIA, JEFFREY L	2.2 NAME	
STREET ADDRESS	651 NW 111 TERRACE	2.3 STREET ADDRESS	5942 NW 71 TERRACE
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	PARKLAND FL 33067
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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.

SIGNATURE: *Jeffrey L. Ruain* DATE: *March 18, 1998* 954-752-941

CR2E034 (10/97)