

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

FILED
May 06 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 # V16361 (0)
1. Corporation Name
V. & M. MACHINING GENERAL TOOL WORKS, INC.



Principal Place of Business
214 N. GOLDENROD RD.
SUITE 7
ORLANDO FL 32807
US

Mailing Address
214 N. GOLDENROD RD.
SUITE 7
ORLANDO FL 32807
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3110638	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MENDOZA, VICTOR
428 CHARLESWOOD AVE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MENDOZA, VICTOR	
STREET ADDRESS	428 CHARLESWOOD AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MENDOZA, MARLENE A	
STREET ADDRESS	428 CHARLESWOOD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARLENE A. MENDOZA	
1.3 STREET ADDRESS	214 N. GOLDENROD RD.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICTOR MENDOZA	
2.3 STREET ADDRESS	214 N. GOLDENROD RD.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32807	
3.1 TITLE	TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSE J. MENDOZA	
3.3 STREET ADDRESS	214 N. GOLDENROD RD.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32807	
4.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARLENE I. MENDOZA	
4.3 STREET ADDRESS	214 N. GOLDENROD RD.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32807	
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 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 *Marlene A. Mendoza*

2/12/98 (un) 973-0042

CP2E034 (10/97)