FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS V55341 DOCUMENT # (4)IMA TOOL AND SAFETY SUPPLY CO., INC. Principal Place of Business Mailing Address 7200 NW 56TH ST 7200 NW 56TH ST MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0382781 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHERMAN, SCOTT Street Address (P.O. Box Number is Not Acceptable) 82 7200 NW 56TH ST 83 MIAMI FL 33166 City 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 signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (12/ DELETE TITLE D 1.1 TOLE Change Addition NAME SHERMAN, SCOTT 1.2 NAME 7200 NW 56TH ST STREET ADDRESS 1.3 STREET ADORESS MIAMI FL CITY - S1 - ZIP 14 CITY-ST-ZIP TITLE ☐ DELETE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 24 CITY - ST - ZIP TITLE □ DELETE 3. 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIF 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change ☐ Add₁tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5. 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 54 CHTY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-7/P 6.4 CHTY - 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 ecceiver 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: X

SIGNATURE AND TYPEO OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR