

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

CORPORATION ANNUAL REPORT 1995

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



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95 FEB 27 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K79926** (7)
1. Corporation Name
MACHINE TOOL SERVICES OF CENTRAL FLORIDA INC.

Principal Place of Business: 2520 E. MARKS ST. ORLANDO FL 32803-3631
Mailing Address: 2520 E. MARKS ST. ORLANDO FL 32803-3631

FF \$200

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/10/1989
3a. Date of Last Report: 10/06/1994

4. FEI Number: 59-2961604
Applied For: Not Applicable

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: 21 545 FAITH CIRCLE
2a. Mailing Address: 26 545 FAITH CIRCLE
22. Suite, Apt. #, etc.
23. City & State: MAITLAND, FL
24. Zip: 32751
25. Country: USA
27. Suite, Apt. #, etc.
28. City & State: MAITLAND, FL
29. Zip: 32751
30. Country: USA

9. Name and Address of Current Registered Agent
HOFFMAN, JOSEPH R
2520 E MARKS ST
ORLANDO FL 32802

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 545 FAITH CIRCLE
83
84 City: MAITLAND FL
85 Zip Code: 32751

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: *Joseph R. Hoffman, President* DATE: 2/20/95
(Type or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	HOFFMAN, JOSEPH R.
STREET ADDRESS	2520 E. MARKS ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	ID
NAME	HOFFMAN, JOSEPH R.
STREET ADDRESS	2520 E. MARKS ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000001417400
1.4 CITY - ST - ZIP	-02/28/95--01094--004
2.1 TITLE	***575.00 ***200.00
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input 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	

Wet 2/27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(9)(b), 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 orally, 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: *Joseph R. Hoffman, President* *Joseph R. Hoffman* 2/20/95 401-896-8753
(Type or printed name of registered agent and the corporation) (Type or printed name of officer or director)