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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

101

1. Corporation	# 51032 ARINE HARDWA	ARE, INC	illing Address 63 - 48TH STREET N										
US			US					3.	Date Incorporated or Qualified	3a. Da	ite of Last Re	eport	
ł									10/31/1990		19/1996	·	
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number			oplied For	
Suite, Apt. #, etc.				Suite. Apt. #, etc.					59-3046202		\$8.75 A	ot Applicable	
22	n, oto.	27	27				5.	Certificate of Status Desired		Fee Re			
City & State				City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution		Added t	to Fees		
Zip	Country						ountry		This corporation has liability for	r intangible	talx under s.	. 199.032,	
24	25 29 9. Name and Address of Current Registered					1		10		Statutes Yes X No and Address of New Registered Agent			
JIMMY MA													
13663-46TH STREET N.						82	82 Street Address (P.O. Box Number is Not Acceptable)						
AUTOMOBILE BLVD							u1000 (1	.o. oox (10/100) 13 110(7000) 12					
CLE	ARWATER	FL 34622				83							
			84 City				FL	85 Zip (Code				
11, Pursuant	to the provis	ions of Sections 607.	0502 and 60	7.1508, Florida Statu	ites, the	e above	-named co	rporatio	n submits this statement for the		changing it	s registered	
office or re agent 1 a	egistered ag m familiar wi	jent, or both, in the Si ith, and accept the ob	tate of Florid oligations of	la. Such change was , Section 607.0505, P	author Iorida (rized by Statutes	the corpora	ation's b	on submits this statement for the board of directors. I hereby according	ept the app	ointment as	registered	
SIGNATURE													
	Signature, typnd	or printed name of registeres	AND DIREC	***************************************			int signature req		n reinslating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	C IN 10	
12.	D	OFFICENS	AND DIREC	DELETE		I 3. Li title	····		ADDITIONS/CHANGES TO OFFI	ICERS AND	Change	Addition	
NAME	MA, JIMN	IY				2 NAME	İ						
STREET AUURESS	ATLA AULEDONO CONT						ADORESS					!	
CITY-ST-ZIP	DIAMOND BAR CA			1,40			T-ZIP						
TITLE				☐ DELETE			2.1 TITLE				Change	Addition	
NAME					2	2 NAME			e e				
STREET ADDRESS					2	3 STREET	ADDRESS						
CITY-ST-ZIP	·			DELETE		. 4 CITY - 1	ST-ZIP			·	TTObassa	Addition	
TITLE				L DECETE		1.1 TITLE 3.2 NAME					Change	Addition	
NAME STREET ADDRESS					- 7		ADDRESS					1	
CITY - \$1 - 7/P						1.4. CITY-1							
TITLE				DELETE		LI TITLE					Change	Addition	
NAME					4	. 2 NAME							
STREET ADDRESS					4	I.8 STREET	ADDRESS					1	
CITY-ST-ZIP						.4 CITY-S	T-ZIP						
TITLE				☐ DELETE	5	i.1 TITLE					Change	Addition	
NAME					5	2 NAME							
STREET ADDRESS					5	3 STREET	ADDRESS						
CITY - ST - ZIP				T SELECT		A CITY-S	T-ZIP				T 00	1,400	
TITLE				☐ DELETE		S.1 TITLE	1				Change	Addition	
NAME						3.2 NAME							
STREET ADDRESS					6	S.3 STREET	ADDRESS					1	

14. If do 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

8125728871

FILED

Apr 30 1997 8:00am

Secretary of State