

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 12 1996 8:00 am
Secretary of State

DOCUMENT # 129186 (3)
1. Corporation Name
FARREY'S, WHOLESALE HARDWARE CO., INC.



Principal Place of Business Mailing Address
1850 NE 146 ST P. O. BOX 619500 N MIAMI FL 33261-9500 US
1850 NE 146 ST P. O. BOX 619500 N MIAMI FL 33261-9500 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 06/30/1934 3a. Date of Last Report 06/14/1995
4. FEI Number 59-0238860 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

9. Name and Address of Current Registered Agent
FARREY, F.X.
1850 N.E. 146TH STREET
P.O. BOX 601205
MIAMI FL 33160

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]* (NOTE: Registered Agent signature required when constituting.) DATE 6/9/97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FARREY, J F	
STREET ADDRESS	1315 BAY TERRACE	
CITY - ST - ZIP	N BAY VILLAGE, FL 00000	
TITLE	V	DELETE
NAME	FARREY, LEILA O	
STREET ADDRESS	104 E SAN MARINO DRIVE	
CITY - ST - ZIP	MIAMI BEACH, FL 00000	
TITLE	D	DELETE
NAME	FARREY, F X, SR	
STREET ADDRESS	104 E SAN MARINO DRIVE	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	VT	DELETE
NAME	FARREY, F X, JR	
STREET ADDRESS	7260 MIAMI LAKEWAY	
CITY - ST - ZIP	MIAMI LAKES, FL 00000	
TITLE	VS	DELETE
NAME	MARMOL, ANA A	
STREET ADDRESS	1541 BRICKELL AVE, C909	
CITY - ST - ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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***225.00

7-12-96
JR

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* JOHN F FARREY PRESIDENT 6/07/96 305-947-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (3/96)