

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

FILED
Apr 25 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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



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

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/30/1934 | 3a. Date of Last Report 07/12/1996 |
|--|--|

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 59-0238860 | Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|--|
| 9. Name and Address of Current Registered Agent FARREY, F.X. 1850 N.E. 146TH STREET P.O. BOX 601205 MIAMI FL 33180 | | | | 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 signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------------|--|--|---|--|---------------------------------|-----------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FARREY, J F | | | 1.2 NAME | | | |
| STREET ADDRESS | 1315 BAY TERRACE | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | N BAY VILLAGE, FL 00000 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FARREY, LEILA O | | | 2.2 NAME | | | |
| STREET ADDRESS | 104 E SAN MARINO DRIVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 00000 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FARREY, F X, SR | | | 3.2 NAME | | | |
| STREET ADDRESS | 104 E SAN MARINO DRIVE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | VT | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FARREY, F X, JR | | | 4.2 NAME | | | |
| STREET ADDRESS | 7260 MIAMI LAKEWAY | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 00000 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | VS | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARMOL, ANA A | | | 5.2 NAME | | | |
| STREET ADDRESS | 1541 BRICKELL AVE, C909 | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I 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: _____ **JOHN F FARREY 4/18/97 305-947-5451**

CR2E034 (9/96)