

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

FILED  
Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **387562** (2)  
1. Corporation Name  
**BEACH TRUE VALUE HARDWARE, INC.**

Principal Place of Business <b>232 E. COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308</b>	Mailing Address <b>232 E. COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308-4438</b>
---	--



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		3. Date Incorporated or Qualified <b>08/27/1971</b>		3a. Date of Last Report <b>02/27/1996</b>	
4. FEI Number <b>59-1359295</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent <b>SCHARF, THEODORE 2206 CYPRESS BEND DR SO STE 806 POMPANO BCH FL 33069</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	PD	1.1 TITLE	
NAME	SCHARF, G. THEODORE	1.2 NAME	
STREET ADDRESS	2206 CYPRESS BEND DR SO #806	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	SCHARF, DAVID M	2.2 NAME	
STREET ADDRESS	71 SE 11 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	SCHARF, JANET	3.2 NAME	
STREET ADDRESS	2206 CYPRESS BEND DR SO #806	3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24

954.776.5811

CR2E034 (9/96)