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

FILED May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)560315 SAUNDERS TRUE VALUE HARDWARE, INC. Principal Place of Business Mailing Address 8951 SW 107TH AVENUE 8951 SW 107TH AVENUE MIAMI FL 33176 MIAM! FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1978 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1798410 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CRITTENDEN, ISELA 10330 SW 66TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 84 City Zip Code 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 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, TITLE DELETE 1.1 TITLE Change Addition SAUNDERS, EDWARD 1.2 NAME CR2E034 STREET ADDRESS **8951 SW 107TH AVENUE** 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

DELETÉ

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.

Change

Addition