

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0143916

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90005 035 ***150.00

DOCUMENT # 585316

1. Corporation Name

HARDWARE CITY, INC.

Principal Place of Business

HARDWARE CITY, INC.
1100 N UNIVERSITY DR
PEMBROKE PINES FL 33024
US

Mailing Address

C/O ROBERT E. GOGGIN III
2020 N.W. 82ND AVENUE
PEMBROKE PINES FL 33024

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOGGIN, ROBERT E., III
2020 N.W. 82ND AVENUE
PEMBROKE PINES, FL LP 33024

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

Robert E. Goggin

(NOTE: Registered Agent signature required when reinstating)

2/18/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E GOGGIN, IV		1.2 NAME
STREET ADDRESS	7760 NW 6 COURT		1.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOGGIN, JUDY L		2.2 NAME
STREET ADDRESS	2020 N W 82ND AVENUE		2.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES, FL 00000		2.4 CITY-ST-ZIP
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOGGIN, ROBERT E., III		3.2 NAME
STREET ADDRESS	2020 N W 82ND AVENUE		3.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES, FL 00000		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			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 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, with all other like empowered.

SIGNATURE: *Judy Goggin* - Judy Goggin Secretary 2/18/99 432-5854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)