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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(0)

AMERICAN INDUSTRIAL FASTENERS COMPANY, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							- 1 (60)10 91111 18911 89100 14414 18908 1811 01031 91913 01011 01011 91011 91011 1001
1230 S.E. 7TH AVENUE POMPANO BEACH FL 33060			1230 S.E. 7TH AVENUE POMPANO BEACH FL 33060				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 05/09/1980
2. Principal P	lace of Business	2a. M	2a. Mailing Address				4. FEI Number Applied For
21		26					59-1994685 Not Applicable
Suite, Apt.	#, etc.	s	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·				Fee Required
City & State	0	<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Zip Country				This corporation owes or has paid the current year Intangible
24			30	•		Personal Property Tax due June 30. Yes No	
g. Name and Address of Curren		nt Register	pistered Agent			10. Name and Address of New Registered Agent	
8	CHAEFFER, D.R.			8.	1	Name	
	230 S.E 7TH AVENUE				2	Street Address	ss (P.O. Box Number is Not Acceptable)
P	OMPANO BEACH FL 33060]		
				B3	3		
				84	1	City	85 Zip Code
44 Dureyant to the provisions of Sections 607 0502 and 607 1609 Florida Statutos, the at					10-	-named corner	ration submits this statement for the purpose of changing its registered
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 pented name of registered agent and title diagnosable (NOTL Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS 13.					geri	it signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р		DELETE	1.1 TITLE			Change Addition
NAME	SHUPACK, ROBERT			1.2 NAME			
STREET ADDRESS	TREET ADDRESS 100 S.E. 2ND STREET		1.3 \$		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131-2125		1.4 CIT		SI:	- ZIP	
TITLE	VP		DELETE 21TI				Change Addition
NAME	SCHAEFFER, D R			2.2 NAME			
STREET ADDRESS	1230 S.E. 7TH AVENUE			2.3 STREE	I A	ADDRESS	
CITY+ST-ZIP	POMPANO BEACH FL 3300	30	Don ere	2. 4 CITY	· \$1	1 - 71P	
TITLE			DELETE 3.1 TH				Change Addition
NAME				3.2 NAME			
STREET ADDRESS CITY ST. 7IB			3.3 STREE			ADDRESS	
CITY-ST-ZIP TITLE			DETETE 4.1 TH		51	-70	Change Addition
NAME			4.2 N		-		
STREET ADDRESS				4 3 STREE		KODRESS	
CITY-ST-ZIP				4.4 CHY-		i	
TITLE			DELETE	5.1 11TLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREE	I A	DORESS	
CITY-ST-ZIP	<u> </u>			5 4 CITY-	<u>\$1-</u>	ZIP	
TITLE			DELETE	6.1 TITLE			Change Addition
NAME (6.2 NAME		ſ	
STREET ADDRESS				6.3 \$1REE		l l	
CITY-ST-ZIP	artifuthat the information arms to de-	dels elsia filio	n dogo not a salit : ta	6.4 City-			ection 119.07(3)(i), Florida Statutes. I further certify that the information
TH. I HEIBUY C	enny macine iniormation supplied w	ay ous more	g does not quality to	ii trie excint	мi	on stated in Se	συσοπ το συγεργό, monda statutes. Fluriner certify that the information

SIGNATURE:

Nanell A. Scheeffer 175-98