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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ACE H/	ARDWARE SHELL LUMBE	<b>X</b> - /							
Principal Place of Business Mailing Address							łłoj broji pły	ALL BERLE BERLE DE	<b>B</b> (1 <b>B</b> 1 <b>B</b> 1) ( <b>B</b> B1
C/O RONALD W. RUDOLPH C/O RONALD W. RUDO 9200 SO. DADELAND BLVD., #308 9200 SO. DADELAND BL			LPH						
9200 SO. DAL MIAMI FL 331		9200 SO. DADELAND BLVD #308 MIAMI FL 33156			DO NOT WRITE IN THIS SPACE				
***********	**	Militain) र के अवश्वक			I	3. Date Incorporated or Qualified			
						06/19/1980			
	lace of Business	2a. Mailing Address				4. FEI Number Ap			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Vot Applicable
22]		27				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing			<u> </u>
23		28			ĺ	Trust Fund Contribution			D May Be I to Fees
Zip	Country	Zip	Country	y		8. This corporation owes or has p	aid the cu		
24	25	29	30			Personal Property Tax due Jun			□Ño
A) A I	9. Name and Address of Curr	ent Registered Agent	81	T ,	Name	10. Name and Address of New R	egistered	Agent	
	ron, Paul 33 Sw 27 Avenue		0.		varie				
	13 5W 27 AVENUE NMI FL 33133		82	5	Street Addres	ss (P.O. Box Number is Not Accepta	ible)		
17lw 1	IMI FL 93193		83	$\vdash$					
			84		City		FL	_	Code
SIGNATURE	Signature typod or printed name of regulated a	agent and title if applicable (NO)	1L. Hegislerea Ager				DATE	<del></del> .	
12.	OFFICERS A	ND DIRECTORS  DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AN		
NAME	NARON, PAUL	ET OFFICE	1.2 NAME					Change	Addition
STREET ADDRESS	2733 SW 27 AVENUE		1.3 STREET ADDRESS		ORESS				
CITY-ST-ZIP	MIAMI FL			1.4 City-ST-ZIP					
TITLE	\$VD	SVD DELETE 2		2 1 TITLE				Change	Addition
NAME	NARON, SYLVAN		22 NAME	2 2 NAME					
STREET ADDRESS	2-A STONHENGE CIRCLE		2 3 STREET ADDRESS		DRESS				
CITY-ST-ZIP TITLE	BALTIMORE MD	Doriete	2. 4 CITY - ST - ZIP		!IP				
NAME		☐ DELETE	3.1 TITLE					Change	Addition
STREET ADDRESS			3.2 NAME 3.3 STREET A	. Ann	opece				
CITY-ST-ZIP			3.4. CITY-ST						
TITLE		DELETE	4.1 TITLE	<i>"</i> .	<del>"  </del>			Change	Addition
NAME			4. 2 NAME					-	_
STREET ADDRESS			4.3 STREET A	ADD	ORESS				
CITY-ST-ZIP			4.4 CITY-ST	7 - ZU	P				
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET A		j				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST	T - ZII	P			Change	Addition
NAME			6.1 TITLE	62 NAME				Change	
STREET ADDRESS			63 STRFET A	ADD	DE CC				
CITY-ST-ZIP			64 CITY-ST						
14. I hereby ce	ertify that the information supplied i	with this fling does not quality fo	or the evernoti	tion	Signal in Co	ction 119.07(3)(i), Florida Statutes. I	further ce	ertify that the	information
officer or di	on trils annual report or supplement frector of the corporation or the re-	tal angual report is true and acc power of justee in powerd to a achment with an add uss	urate and that execute this re	at m repo	ny fignature s o Las require	shall have the Lame legal effect as it ed by Chapter 607, Florida Statutes;	I made un and that r	ider oath; tha my name ap	at ⊧am an pears in

**FILED** 

Jan 22 1998 8:00am

Secretary of State