

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 817566 (3)
1. Corporation Name
INDUSTRIAL FASTENERS CORPORATION

Principal Place of Business 7 HARBOR PARK DR PORT WASHINGTON NY 11050 US	Mailing Address %IRVING RADER 200 WEST 58TH STREET SUITE 10B NEW YORK NY 10019 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1963	
21		26		4. FEI Number 13-5542254	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CDT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELDMAN, BERNARD B			1.2 NAME			
STREET ADDRESS	7 HARBOR PARK DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PT. WASHINGTON NY			1.4 CITY-ST-ZIP			
TITLE	VCSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONES, MILTON			2.2 NAME			
STREET ADDRESS	7 HARBOR PARK DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PT. WASHINGTON NY			2.4 CITY-ST-ZIP			
TITLE	EVPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONES, GARY			3.2 NAME			
STREET ADDRESS	7 HARBOR PARK DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PT. WASHINGTON NY			3.4 CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RONES, ELEANOR			4.2 NAME			
STREET ADDRESS	7 HARBOR PARK DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PT. WASHINGTON NY			4.4 CITY-ST-ZIP			
TITLE	EVPD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELDMAN, STEPHEN			5.2 NAME			
STREET ADDRESS	7 HARBOR PARK DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	PT. WASHINGTON NY			5.4 CITY-ST-ZIP			
TITLE	EVPD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHERNICK, MARTIN			6.2 NAME			
STREET ADDRESS	7 HARBOR PARK DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PT. WASHINGTON NY			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.

SIGNATURE: *Martin Chernick* 1/23/98 (516) 484-4900

CR2E034 (10/97)