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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90084 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 817566

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 Schwartz & Salomon, P.C.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 225 Broadway, Suite 4200
City & State 23	City & State 28 New York, New York
Zip 24	Zip 29 10007
Country 25	Country 30 US

3. Date Incorporated or Qualified 12/23/1963	4. FEI Number 13-5542254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 NAME STREET ADDRESS CITY-ST-ZIP	CDT FELDMAN, BERNARD B 7 HARBOR PARK DRIVE PT. WASHINGTON NY <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD FELDMAN, BERNARD B. 7 HARBOR PARK DRIVE PT. WASHINGTON, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS RONES, MILTON 7 HARBOR PARK DRIVE PT. WASHINGTON NY <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VCD RONES, MILTON 7 HARBOR PARK DRIVE PT. WASHINGTON, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD RONES, GARY 7 HARBOR PARK DRIVE PT. WASHINGTON NY <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PSD RONES, GARY 7 HARBOR PARK DRIVE PT. WASHINGTON, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RONES, ELEANOR 7 HARBOR PARK DRIVE PT. WASHINGTON NY <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PSD RONES, GLENN I. 7 HARBOR PARK DRIVE PT. WASHINGTON, NY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD FELDMAN, STEPHEN 7 HARBOR PARK DRIVE PT. WASHINGTON NY <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PTD FELDMAN, STEPHEN N. 7 HARBOR PARK DRIVE PT. WASHINGTON, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CHERNICK, MARTIN 7 HARBOR PARK DRIVE PT. WASHINGTON NY <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PTD CHERNICK, MARTIN S. 7 HARBOR PARK DRIVE PT. WASHINGTON, NY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Martin Chernick Co-President 3/9/99 Date Daytime Phone #

CR2E034 (1/1/98)