

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90084 040 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1963

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Schwartz & Salomon, P.C.

27 Suite, Apt. #, etc.
225 Broadway, Suite 4200

28 City & State
New York, New York

29 Zip Country
10007 US

4. FEI Number

13-5542254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDT ☐ DELETE
NAME FELDMAN, BERNARD B
STREET ADDRESS 7 HARBOR PARK DRIVE
CITY-ST-ZIP PT. WASHINGTON NY

TITLE VCSD ☐ DELETE
NAME RONES, MILTON
STREET ADDRESS 7 HARBOR PARK DRIVE
CITY-ST-ZIP PT. WASHINGTON NY

TITLE EVPD ☐ DELETE
NAME RONES, GARY
STREET ADDRESS 7 HARBOR PARK DRIVE
CITY-ST-ZIP PT. WASHINGTON NY

TITLE ASD ☒ DELETE
NAME RONES, ELEANOR
STREET ADDRESS 7 HARBOR PARK DRIVE
CITY-ST-ZIP PT. WASHINGTON NY

TITLE EVPD ☐ DELETE
NAME FELDMAN, STEPHEN
STREET ADDRESS 7 HARBOR PARK DRIVE
CITY-ST-ZIP PT. WASHINGTON NY

TITLE EVPD ☐ DELETE
NAME CHERNICK, MARTIN
STREET ADDRESS 7 HARBOR PARK DRIVE
CITY-ST-ZIP PT. WASHINGTON NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME FELDMAN, BERNARD B.
1.3 STREET ADDRESS 7 HARBOR PARK DRIVE
1.4 CITY-ST-ZIP PT. WASHINGTON, NY

2.1 TITLE VCD ☒ Change ☐ Addition
2.2 NAME RONES, MILTON
2.3 STREET ADDRESS 7 HARBOR PARK DRIVE
2.4 CITY-ST-ZIP PT. WASHINGTON, NY

3.1 TITLE PSD ☒ Change ☐ Addition
3.2 NAME RONES, GARY
3.3 STREET ADDRESS 7 HARBOR PARK DRIVE
3.4 CITY-ST-ZIP PT. WASHINGTON, NY

4.1 TITLE PSD ☐ Change ☒ Addition
4.2 NAME RONES, GLENN I.
4.3 STREET ADDRESS 7 HARBOR PARK DRIVE
4.4 CITY-ST-ZIP PT. WASHINGTON, NY

5.1 TITLE PTD ☒ Change ☐ Addition
5.2 NAME FELDMAN, STEPHEN N.
5.3 STREET ADDRESS 7 HARBOR PARK DRIVE
5.4 CITY-ST-ZIP PT. WASHINGTON, NY

6.1 TITLE PTD ☒ Change ☐ Addition
6.2 NAME CHERNICK, MARTIN S.
6.3 STREET ADDRESS 7 HARBOR PARK DRIVE
6.4 CITY-ST-ZIP PT. WASHINGTON, NY

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 Cherrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Co-President

3/9/99

Date

Daytime Phone #

CR2E034 (1/1/98)