

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # **F30656** (5)

1. Corporation Name
MCDONALD'S HARDWARE, INC.



Principal Place of Business Mailing Address
**245 SW 24TH ST
C/O ROBERT J MCDONALD
FT LAUDERDALE FL 33315**

3. Date incorporated or Qualified **04/15/1981** 3a. Date of Last Report **01/25/1995**
4. FEI Number **59-2087227** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, ROBERT J
245 SW 24 ST
FT LAUDERDALE FL**

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, title, or position, etc., of registered agent and title of officer

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
NAME: **PD MCDONALD, ROBERT J.** DELETE
STREET ADDRESS: **245 SW 24 ST FT LAUDERDALE FL**
CITY-STATE-ZIP: **V**
NAME: **MCDONALD, CAROL** DELETE
STREET ADDRESS: **245 SW 24 ST FT LAUDERDALE FL**
CITY-STATE-ZIP: **S**
NAME: **LEKNES, RON** DELETE
STREET ADDRESS: **245 SW 24 ST FT LAUDERDALE FL**
CITY-STATE-ZIP: **T**
NAME: **ELDRIDGE, KIM** DELETE
STREET ADDRESS: **245 SW 24 ST FT LAUDERDALE FL**
CITY-STATE-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RJM Donald

1-27-96

305-462-0000

CR2E034 (12/95)