

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**AMENDED 1997 ANNUAL REPORT  
FILED**

**97 OCT -3 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F30656 (5)**  
1. Corporation Name  
**MCDONALD'S HARDWARE, INC.**

Principal Place of Business  
**245 S.W. 24th Street  
Ft. Lauderdale, FL 33315  
c/o Robert J. McDonald**

Mailing Address  
**245 S.W. 24th Street  
Ft. Lauderdale, FL 33315  
c/o Robert J. McDonald**

3. Date Incorporated or Qualified  
**4/15/81**

3a. Date of Last Report  
**1/29/96**

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

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. Zip 25. Country

2a. Mailing Address

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. Zip 30. Country

**9. Name and Address of Current Registered Agent**

**MCDONALD, ROBERT J.  
245 S.W. 24th Street  
Ft. Lauderdale, FL 33315**

**10. Name and Address of New Registered Agent**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

**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**

TITLE  DELETE

NAME **PD MCDONALD, ROBERT J.**

STREET ADDRESS **245 S.W. 24th Street**

CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE  DELETE

NAME **MCDONALD, CAROL**

STREET ADDRESS **245 S.W. 24th Street**

CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE  DELETE

NAME **S LEKNES, RON**

STREET ADDRESS **245 S.W. 24th Street**

CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE  DELETE

NAME **T ELDRIDGE, KIM**

STREET ADDRESS **245 S.W. 24th Street**

CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME **S ELDRIDGE, KIM**

3.3 STREET ADDRESS **245 S.W. 24th Street**

3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**300002313619-6**  
**-10/07/97-01029-009**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

14. I do 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: *Kim Eldridge* **Kim Eldridge** **9/30/97** **954-463-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)