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

PROFIT
CORPORATION
ANNUAL REPORT
1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F42612

(4)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

REPLACEMENT HARDWARE MANUFACTURING, INC.

Country

Principal Place of Business	Mailing Address
500 WEST BATH STREET	500 WEST 84TH STREET
P O BOX 5226	P O BOX 5226
HIALEAH FL 33014	HALEAH FL 33014

26

27

28

20

FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□ №

Not Applicable

3. Date Incorporated or Qualified 08/31/1981

59-2206319

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Hegistered Agent				
SOUIRES, MARY E		81	81 Name					
5520 SW 163RD AVENUE FT LAUDERDALE, FL			82	82 Street Address (P.O. Box Number is Not Acceptable)				
• •			63					
			84	City	y Fi	85 Z	ip Code	
44 6			!_	l				
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								
10	Signature, typed or printed name of registered agent and title it applications.	SHE (NOTE: R		ent signi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECT	OPE IN 12	
12.	OFFICERS AND DIRECTORS SD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AF	Chang		
TITLE	<del></del>	☐ DECEIE			<b>.</b>	☐ cuant	lo Magaron I	
NAME	BOLES, MARETHIA D		1.2 NAME					
STREET ADDRESS	5520 SW 163RD AVE FT LAUDERDALE, FL 00000		1.3 STREET		ESS			
CITY-ST-ZIP TITLE	PD PD	T DELETE	1.4 CITY-S 2.1 TITLE	S1 - ZIP		Chanc	e Addition	
	SQUIRES, MARY E	CIPERE			<b>;</b>	L., Onerg	ן ווטווטורען	
NAME	5520 SW 163RD AVE		2.2 NAME					
STREET ADDRESS	FT LAUDERDALE, FL 00000		2.3 STREET		***			
CITY-ST-ZIP	FI ENDDERIDALE, FL 00000	DELETE	2.4 CITY-1	ST-ZIP		Chang	e Addition	
TITLE			3.1 TITLE			Criani		
NAME CTOTET ADDOCCO			3.2 NAME 3.3 STREET AC					
STREET ADDRESS					<b>1</b>		l	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	51-ZIP		Chang	e Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET		cee l		}	
CITY-ST-ZIP			4.4 CITY - S					
TITLE		DELETE	5.1 TITLE	31 - ZIF		Chanc	e Addition	
NAME			5.2 NAME				_	
STREET ADDRESS			5.3 STREET	F ADDRES	ESS			
CITY-ST-ZIP			5.4 CiTY-S					
TITLE		DELETE	6.1 TITLE			☐ Chang	e Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET	ADDRES	ess .			
CITY-ST-ZIP			6.4 CITY-S				_ <b>_</b> ]	
indicated officer or o	on this annual report or supplemental annual report	is true and accura	ite and th	at my	stated in Section 119.07(3)(i), Florida Statutes. I further or signature shall have the same legal effect as if made unit as required by Chapter 607, Florida Statutes; and that	inder oath:	that lam an	

Country

30

SIGNATURE: Mary E. Squires/Pres 4/9/98 305-558-505