

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G66387

(3)

1. Corporation Name

HARDWARE TRADERS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

7378 BELLVILLE DR
P.O. BOX 38057
GERMANTOWN TN 38138

7378 BELLVILLE DR
P.O. BOX 38057
GERMANTOWN TN 38138

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOEGLER, STEVEN C., ESQUIRE
QUADRANT II AT SOUTHPPOINT
4655 SALISBURY ROAD, SUITE 390
JACKSONVILLE FL 32256-7400

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 607.06(2) and 607.15(3), 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 607.06(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS

1. TITLE	T	BEAL, RONNELL S	7378 BELLVILLE DR	GERMANTOWN TN
2. NAME				
3. STREET ADDRESS				
4. CITY, ST, ZIP				
5. TITLE	PS	BEAL, REBECCA B.	7378 BELLVILLE DR	GERMANTOWN TN
6. NAME				
7. STREET ADDRESS				
8. CITY, ST, ZIP				
9. TITLE				
10. NAME				
11. STREET ADDRESS				
12. CITY, ST, ZIP				
13. TITLE				
14. NAME				
15. STREET ADDRESS				
16. CITY, ST, ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY, ST, ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY, ST, ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY, ST, ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY, ST, 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 my written consent with an address.

SIGNATURE:

Ronnell S. Beal

RONNELL S. BEAL

2/3/96

901-755-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)