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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	in Name # HUU56	33 (7)				
	BORHOOD HARDWARE, IN	•				
					E HARRIER ANN BRAKK OBJEK BINDA BILER ANN EHRIN ANDRE ANDRE	
<u> </u>						
Principal Plac	e of Business	Mailing Address			1 1881ari Afri adili satili atili atili atili atili atili atili	, = 11 61611 41611 1891
% BENNY GA		% BENNY GARCIA				
7203 CAUSEWAY BLVD. 7203 CAUSEWAY BLVD. TAMPA FL 33619-5924 TAMPA FL 33619-5924					DO NOT WRITE IN THIS SPAC	E
					3. Date Incorporated or Qualified	
<u> </u>					04/24/1984	
		2a. Mailing Address			4. FEI Number	Applied For
21 Suite Apt	# etc.	Suite, Apt, #, etc.			59-2400132	Not Applicable 3.75 Additional
22		——————————————————————————————————————	27			Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$	5.00 May Be
23		28				Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current y	
24	25	29	30		Personal Property Tax due June 30. Ye	
	9. Name and Address of Curr	ent Hegistered Agent		11 Name	10. Name and Address of New Registered Agen	<u> </u>
	RCIA, BENNY		5 } 	II Name		
7203 CAUSEWAY BLVD.				32 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>
TAMPA FL 33169				33		
			\s^			
			8	34 City	FL 85	Zip Code
office or agent. I a					poration submits this statement for the purpose of char tion's board of directors. I hereby accept the appointm	ent as registered
	Signature, typed or printed name of registered a	agent and title if applicable. (IT ND DIRECTORS		Agent signature requi	fred when reinstating) DATE	
TITLE	PD	DELETE	13.	F	ADDITIONS/CHANGES TO OFFICERS AND DIR	Change Addition
NAME	GARCIA, BENNY		1.2 NAM	i		
STREET ADDRESS	7203 CAUSEWAY BLVD.			EET ADDRESS		
CITY-ST-ZIP	TAMPA FL			'-ST-ZIP		
TITLE		DELETE	2.1 TITL			hange 🔲 Addition
NAME			2.2 NAM	ie (
STREET ADDRESS	Į		2.3 STRI	EET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		·
TITLE		DELETE	3.1 TITL	F (·	
NAME				٠ ,		hange Addition
STREET ADDRESS			3.2 NAM	IE .	ے۔	hange Lij Addition
			3.3 STR	EET ADDRESS		hange L_ Addition
CITY-ST-ZIP			3.3 STRI 3.4, CIT	IE EET ADDRESS Y-ST-ZIP	_	
TITLE		DELETE	3.3 STRI 3.4. CIT 4.1 TITL	EET ADDRESS V-ST-ZIP E	_	
TITLE NAME			3.3 STRI 3.4, CIT 4.1 TITL 4. 2 NAM	IE EET ADDRESS Y-ST-ZIP E	_	
TITLE NAME STREET ADDRESS			3.3 STRI 3.4. CIT 4.1 TITL 4. 2 NAN 4.3 STRI	EET ADDRESS V-SI-ZIP E AR EET ADDRESS	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STRI 3.4. CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY	EET ADDRESS Y-ST-ZIP E AR EET ADDRESS (-ST-ZIP		hange Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME		☐ DELETE	3.3 STRI 3.4. CIT 4.1 TITL 4. 2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	EET ADDRESS Y-ST-ZIP E AR EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EE		hange Addition
TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.3 STRI 3.4. CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	EET ADDRESS Y-ST-ZIP E AE EET ADDRESS (-ST-ZIP E EET ADDRESS EET ADDRESS		hange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.3 STRI 3.4. CIT 4.1 TITL 4.2 NAN 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	EET ADDRESS Y-ST-ZIP E AR EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP EET ADDRESS '-ST-ZIP EST ADDRESS '-ST-ZIP		hange [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; 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.

52 NAME

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Jan 23 1998 8:00am

Secretary of State