## 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

DOCUMENT # K83665

(5)

Principal Plac	AFT SERVISTAR HARDWAF	RE, INC.	988				
3404 BAHIA VISTA STREET 3404 BAHIA VISTA STREET SARASOTA FL 34239 SARASOTA FL 34239-7442							
						3. Date incorporated or Qualifie 04/26/1989	04/30/1996
	lace of Business	2a. Mailing Ad	idress			4. FEI Number 65-0114914	Applied For
21 Suite, Apt	#. elc.	26 Suite, Apt.	#, etc				Not Applicable   \$8.75 Additional
22		27	27			5. Certificate of Status Desired	Fee Required
City & Stat	e	t-min '	City & State			6. Election Campaign Financing	
23	Country	28	Zip Country			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29 21p	ļ	30	ľ	<ol> <li>This corporation has liability the Florida Statutes</li> </ol>	for intangible tax under s. 199.032,
24]	9. Name and Address of Curre			301		10. Name and Address of New	
STUTZMAN, DAVID D.				81	Name		
3404 BAHIA VISTA STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)		vtable)	
SAR	ASOTA FL 34239						
				83			
				84	City	,	FL 85 Zip Code
office or i	registered agent, or both, in the Stal	te of Florida. Such ch	ange was a	uthorized by	y the corpora	poration submits this statement for thation's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
agent ha	m familiar with, and accept the obli	gations of, Section 6	07. <b>0</b> 505, Flo	rida Statute	S	•	
SIGNATURE	Signature, typical or printed name of registered a	gent and title if applicable.	(NOTE	Registered Ag	ent signature requ	ulred when re-instating)	DATE
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE			Change Addition
NAM{	STUTZMAN, DAVID D.			1.2 NAME			
STREET ADDRESS	3404 BAHIA VISTA			1.3 STREET	}		
C-TY - ST - ZIP	SARASOTA FL		DELETE	1.4 CITY - S	ST-ZIP		Change Addition
TIT( E	STD CATHY	Ы	DELETE	2.1 TITLE	-		Change Addition
NAME PROFES ASSESSED	STUTZMAN, CATHY 3404 Bahia Vista			2.2 NAME	1800000		
STREET ADDRESS	SARASOTA FL			2.3 STREET	1		
CHY S1-70P	ONNOVINIE	П	DELETÉ	2 4 CITY - 31 TITLE	01-2ir		Change Addition
NAMI				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
City-S1-ZiF				3.4. CITY	ST-ZIP		,
THUE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAMÉ	l		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY - S1 - ZIII			****	4.4 CITY-5	ST-ZIP		
TITLE			DELETE	5 1 TITLE			Change Addition
NAME				52 NAME	1		
STREET ADDRESS				5.3 STREET	( ADDRESS		
CITY SI - ZIP	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DELETE	5.4 CITY - S	ST · ZiP		Channel
TILLE		L	DELETE	6.1 TITLE	1		Change Addition
NAME				6 2 NAME			
STREET ADDRESS	l			6.3 STREET	ADDRESS [		•

6.4 CITY-ST-ZIP

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 arrival 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 of Block 13 if charged, or on an attachment with an address.

SIGNATURE:

WATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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941 366-4878

**FILED** 

Apr 22 1997 8:00am

Secretary of State

ne Phone #