FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L92465** **(8)**

1. Corporation Name
RICMAR HARDWARE, INC.

Principal Place of Business	Mailing Address
1380 WESTON ROAD MIAMI FL 33326	1380 WESTON ROAD MIAMI FL 33326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0216620 ☐ 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

9. Name and Address of Current Registered Agent

BARDWELL, RICHARD
1380 WESTON RD
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MAHFOOD, MAURICE	12 NAME	MAHFOOD, MAURICE	
STREET ADDRESS	1995 LAKEPOINT DR WESTON	13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	TREASURER/SECRETARY	☑ Change ☐ Addition
NAME	MAHFOOD, MAUREEN	22 NAME	MAHFOOD MAUREEN	
STREET ADDRESS	1995 LAKEPOINT DR WESTON	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	VICE-PRESIDENT	☑ Change ☐ Addition
NAME	BARDOWELL, RICHARD	32 NAME	BARDOWELL, RICHARD	
STREET ADDRESS	11716 S ISLAND RD	33 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BARDOWELL, LINDA	42 NAME		
STREET ADDRESS	11716 S ISLAND RD	43 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME		52 NAME	MAHFOOD, PAUL	
STREET ADDRESS		53 STREET ADDRESS	16730 HARBOUR COURT	
CITY-ST-ZIP		54 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 attached sheet with an address.

SIGNATURE: ✓ _____ MAURICE MAHFOOD ✓ 4/11/95 ✓ 305-384-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

095A001 CP