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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # M92692 L FASTENER CORP	2 (6)			
Principal Place	e of Business	Mailing Address			II OLOLI OHOM BARKI DIDIN HOOL
6891 N 102 AVE		6891 102 AVE N			
PINELLAS PARK FL 34666		PINELLAS PARK FL 340	666		
US		US		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address		08/04/1988 4. FEI Number	Applied For
2. Frincipa: F	race of obsideras	26 Visiting Address		59-2920586	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	· <del>- ··· · · · · · · · · · · · · · · · · </del>		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	MS, BONNIE S		oi Name		
6340 90 AVE N			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PIN	ELLAS PARK FL 34666		63		
			84 City	FI	85 Zip Code
14 Pursuant	to the provisions of Sections 607 (1502	and 607 1508. Florida Stat	utes the above-named cor	poration submits this statement for the purpose	
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
_	m ramiliar with, and accept the oringal	nons of, Section 607.0505, I	londa Statutes.		
SIGNATURE	Signature, typed or pooled harne of regelioned aspect	taref ble if applicable INC	11F Registered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LEWIS, TERRY E.		1.2 NAME		
STREET ADDRESS	6340 90 AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666	DELFTE	1 4 CITY - ST - ZIP		Change Addition
TITLE NAME	d Lewis, Bonnie S.	יי מנדנונ	2.1 TITLE 2.2 NAME		FT CHARGE FT VIRGITION
, ,	6340 90 AVE N				į
STREET ADDRESS	PINELLAS PARK FL 34666		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FINELEAS FARIN FE 34000	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		l
TITLE		DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELFTE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TALE		☐ DELETE	6.1 TITLE		Change  Addition
NAME			6.2 NAME		l
STREET ADDRESS			6 3 STREET ADDRESS		

14. Thereby 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 annual report or supplemental arrival 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 attachment with an address.

-BONNIE S. LEWIS

**FILED** 

Feb 17 1998 8:00am

Secretary of State