Mar 12, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS .

DOCUMENT # M92692

1. Corporation Name

CITY-ST-ZIP

BONTEL FASTENER CORP.

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Principal Place	e of Business	Mailing Address				1 (\$8(88) 1 118				81811 B1811 (881
6891 N 102 AVI		6891 102 AVE N			i					
PINELLAS PARK		PINELLAS PARK FL 34666			-					
US	•	US					DO NOT WRI	TE IN THIS	SPACE	
					J	 Date Incorporate 08/04/1988 	ted or Qualifed		•	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Ar	oplied For
21		26				59-2920586		_	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- C1546 C4	atus Desired		\$8.75	Additional
22	ه ده در ساخت من	27	~ -	. ~~		5. Certificate of St	afina Désilien		Fee Re	equired '
City & State	e	City & State				6. Election Campa	ign Financing		\$5.00	May Be
23		28				Trust Fund Cor	ntribution		Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation	n owes the curr	ent year Int	angible	
24	25	29	30		}	Personal Prope	erty Tax.		Yes	□No
	9. Name and Address of Current					10. Name and Add	dress of New F	Registered	Agent	
-	and the second s		- 1	1 Name			•			
LEW	IS, BONNIE S		١.			(0.0.0.1)		. h.l \		
6340) 90 AVE N			2 Street	Addres	s (P.O. Box Numbe				
- PINE	LLAS PARK FL 34666		1	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.668.	11 11 11 2	er statistical i	F18 1 F18 1 1 E2
		•	1			111	可以自動作情	提供加工		
•			[8	4 City				FL	85 Zip	Code
page 25 50 50	<u> </u>	1.37% - 16 - 5 - 1	41 - 1			Al			obonoina its	registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	f Florida: Such change was au	ithorized l	v the corp	corpora oration	s board of directors	. I hereby accer	ot the appoi	ntment as re	egistered
িও agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statut	es.						.
ಾ agent.1a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statut	as. 					·	·
SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE:	Registered A	as. 		hen reinstating)		DATE	···	
ಾ agent.1a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: D DIRECTORS	Registered A	gent signature				DATE	ID DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered A	gent signature		hen reinstating)		DATE	···	
signature 12.	Signature, typed or printed name of registered agent OFFICERS AND LEWIS, TERRY E.	and title if applicable. (NOTE: D DIRECTORS	Registered A	gent signature		hen reinstating)		DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND LEWIS, TERRY E. 6340 90 AVE N	and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	gent signature		hen reinstating)		DATE	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND LEWIS, TERRY E.	and title if applicable. (NOTE: D DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature		hen reinstating)		DATE	ID DIRECTO	ORS IN 12
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14. I 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 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 phased, or on an attachment with an address, with at other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: