FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

DOCUMENT #

1996

P94000048683 (4)

ACE HARDWARE AT PINEDA, INC.



Principal Place of Business Mailing Address							
7607 CORA W. MELBOL	AL DRIVE URNE FL 32904	5970 N WICKHAM RE MELBOURNE FL 3294 US					
					 Date incorporated or Qualified 06/24/1994 	3a. Date of Las 04/18	st Report 3/1995
2. Principal Pia		2a. Mailing Address			4. FEI Number	'	Applied For
	-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	26			59-3263531		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	S8.75 Additional Fee Required		
Gity & State City & State 23 Melbourne Florida 28					Election Campaign Financing Trust Fund Contribution		.00 May Be
Tip Zip			Country 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Current F	legistered Agent			10. Name and Address of New Ro	egistered Agent	
			8	Name			
RICHARD P MALONEY 5970 N WICKHAM RD MELBOURNE FL 32940			8	Street Add	et Address (P.O. Box Number is Not Acceptable)		
			83	3			
			84	City		FL B5	Zıp Code
or registere familiar with	ed agent, or both, in the State of Florida. It and accept the obligations of, Section Nichard P. Malones	Such change was authorize 607,0505, Florida Statutes.	ed by the cor	poration's boa	oration submits this statement for the purp and of directors. I hereby accept the apport	intment as registe	ered agent. I am
12.	Styrieture, typied or printed name of registered agont acq OFFICERS AND E		13.	ent signature requir	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
11158	P	DELETE	1 1 11/1[8	·	ADDITIONS OF PARISON TO OFFI	☐ Char	····
NAME	MALONEY, RICHARD P		1.2 NAME				_
STREET ADDRESS	655 MARK & RANDY DRIVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIF	SATELLITE BEACH FL		14 CITY-	ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE	D	DEFELE	2 1 THILE			☐ Char	nge 🔲 Addition
NAME	MALONEY, BONNIE LEE 655 MARK & RANDY DRIVE		2 2 NAME				
STREET ADDRESS	SATELLITE BEACH FL			T ADDRESS			
CITY-ST-ZIP TITLE	D D	DELETE	2.4 CHTY - 3.1 THTLE			☐ Char	nge [] Addition
NAME	MIORELLI, LUKE	A	3 2 NAME			<u>.</u>	• •
STREET ADDRESS	4695 N. HARBOR CITY BLVD.		33 STRE	ET ADDRESS			
CITY-ST-7IP	MELBOURNE FL 32935		3 4 CITY -	ST-ZIP			
THLE	D	DELETE	4. 1 THTLE			☐ Chan	ige
NAME	MIORELLI, JAN L		4.2 NAME				
STREET ADDRESS	4695 N. HARBOR CITY BLVD. MELBOURNE FL 32935			T ADDRESS			
CHY-ST ZIF	MILLOUTHE FL 32333	☐ DELETE	4.4 CITY - 5. 1 TITLE			Char	ige
NAM)		□ Accept	5 2 NAME		•		Page 1
STREET ADDRESS				T ADDRESS			
City-St-Zif			5 4 CITY -				
TiT.E		☐ DELETE	6 1 TITLE		30000172 -03/18/96010	17433	ge 🔲 🍂 jijion
NAME			6.2 NAME		-03/18/96010	86012	W/2 -1
STREET ADDRESS			6.3 51866	T ADDRESS	***200.00		1000/15
SHIELL MISSELSS			O O D MILL	I ALIDINESS			100

race indexpy certify that the information supplied with this lining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

1-15-96 Date