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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| AININ   | NNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS   |   |  |  |  |   |   |  |  |  |
|---|--|---|--|--|--|---|---|--|--|--|
| DOCU<br>1. Corporatio   | MENT # P950  | 00060489  | 9 (8)                                  |  |  |   |   |  |  |  |
| i   | HEASTERN FASTENER C  | ORPORATION  |  |  |  |   |   |  |  |  |
|   |  |   |  |  |  |   |   |  |  |  |
| Principal Piace of Business   |  | Mailing Address   | Mailing Address                        |  |  |   | NAT IBIDA DANII ODIAL ETIIF   | #3   |  | 01 10119 1011 10 <b>0</b> 1                                    |
| 10135 SW 7<br>MIAMI FL 33   | 1ST AVENUE<br>9156   |   | 10135 SW 71ST AVENUE<br>MIAMI FL 33156 |  |  |   |   |  |  |  |
|   |  |   |  |  |  | 3. Date Incorp<br>08/04/1   | orated or Qualified   |  | of Last F  | Report   |
| k   | ace of Business  | 2a. Mailing Add   | ress                                   |  |  | 4. FEI Number   |   | 1  | · , ,  | Applied For  |
| Suite, Apt.   | #. etc.  | Suite, Apt. i   | r etc                                  |  |  | 65.0  | 602360  |  |  | Not Applicable   |
| 22  |  | 27  | , etc.                                 |  |  | 5. Certificate of   | Status Desired  | []   |  | 5 Additional<br>Required                                       |
| Oity & State  | e  | City & State  |  |  |  |   | mpaign Financing  |  |  | May Be   |
| Zip   | Country  | Zip   |  | Country  | ,  | Trust Fund (  |   |  |  | 199.032.   |
| 24 25 29 29 9. Name and Address of Current Registered Agent   |  |   | 30                                     | l,   |  | Florida Statu   | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No |  |  |  |
|   | 9, Name and Address of Curr  | rent Hegistered Agent   |  | 81   | Name   | 10. Name and  | Address of New R  | egistered .  | Agent  |  |
| STOLZE  | NBERG, KEITH H   |   |  | 82   |  | Address (P.O. Box Num   | bor is Not Acceptable   | 101  |  |  |
| 663 VEF   | RONA PLACE   |   |  |  |  | Address (F.O. Box Num   | ——————————————————————————————————————  |  |  |  |
| FORT L  | auderdale fl. 33326  |   |  | 83   |  |   |   |  |  |  |
|   |  |   |  |  |  |   |   |  |  |  |
|   |  |   |  | 84   | City   |   |   | FL   |  | p Code   |
| or register   | to the provisions of Sections 607.05 ed agent, or both, in the State of Fig. and accept the obligations of, Se   | ection 607.0505, Florida  | Statutes.                              | e above r<br>the corp  | named or<br>oration's  | DCard of directors, I hor   | tatement for the purp<br>eby accept the appo  |  |  |  |
| famil ar wi   | th, and accept the obligations of, Sc<br>Signature, typed or printed near a of registered ag   | conda. Soon change was<br>ection 607.0505, Florida<br>port and the diapplicable | Statutes.                              | e above r<br>the corp<br>gistered Agen   | named or<br>oration's  | to be aid of directors. Then  | eby accept the appo   | oose of cha<br>intinent as   | inging its r<br>registered   | registered office<br>d agent. I am                             |
| famil ar wii<br>S:GNATURE   | th, and accept the obligations of, Sc<br>Signature, typed or printed near a of registered ag   | ection 607.0505, Florida  | Statutes.                              | e above r<br>the corp  | named or<br>oration's  | Council of directors, I honorous and which resistating:             | CHANGES TO OFFIC  | DATE  CERS AND   | inging its r<br>registered   | registered office<br>d agent. I am                             |
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| famil ar wil<br>S:GNATURE _<br>11LE<br>NAME<br>STREET ADDRESS<br>CHY-SI-ZIP   | Symbol typed or printed near a of registered as OFFICER'S A D STOLZENBERG, KEITH 663 VERONA PLACE  | section 637.0505, Florida  port are the diagnituals.  AND DIRECTORS  DEL        | Stalutes.  (NOTL Fing                  | e above r the corporate Agent 13.  1. 1 TIFE 1.2 NAME 1.3 STREET   | named cooration's  | ADDITIONS/  D, V,S  TOLZENGE  6,3 Veron                             | CHANGES TO OFFICE  RIO, KE ITH  Place  -Dall Fl   | DATE  CERS AND  33332  | inging its r<br>registered<br>DIRECTO  | registered office<br>dagent. Lam                               |
| S:GNATURE  12.  THE  NAME  SIREELADDRESS  CHY-SI-ZIP  TILLE   | Signature, typed or printed near a divergence of SE  STOLZENBERG, KEITH  663 VERONA PLACE  FORT LAUDERDALE FL 33:  D .  GELLES, JARED  10135 SW 71ST AVENUE                          | section 637.0505, Florida  port are the diagnituals.  AND DIRECTORS  DEL        | Stalutes.  (NOTL Fing                  | e above r the corp  13. 1.11IfLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE  | named or<br>oration's<br>it signatures<br>at Signatures<br>ADDRESS   | ADDITIONS/ D, V,S STOLZENGE 663 VEROLD FORT LANDI D, P, T JAMES SW- | CHANGES TO OFFICE  RIGHT KE ITH  PLACE  -DALL FI  LES, JAKE  11st Avenue                          | DATE  CERS AND  33332  | nging its registered  DIRECTO Change   | registered office diagent. I am  ORS IN 12  Addition           |
| SIGNATURE  12.  THE  NAME  STREET ADDRESS  CHY-ST-ZIP  CHY-ST-ZIP  CHY-ST-ZIP   | OFFICERS A  D STOLZENBERG, KEITH 663 VERONA PLACE FORT LAUDERDALE FL 33: D GELLES, JARED   | section 637.0505, Florida  gent are the diagnicular  AND DIFFECTORS  DEL  326   | Statutes.  NOTE Fea                    | e above in the corporate of Agent 13.  1.1 TILLE 1.2 NAME 1.3 STHEET 1.4 CITY-S 2.1 TILLE 2.2 NAME 2.3 STREET 2.4 CITY-S   | named or<br>oration's<br>it signature or<br>ADDRESS<br>T-ZIP   | ADDITIONS/  D, V,S  TOLZENGE  6,3 Veron                             | CHANGES TO OFFICE  RIGHT KE ITH  PLACE  -DALL FI  LES, JAKE  11st Avenue                          | DATE  DATE  CERS AND  COMPANY  | DIRECTO Change   | registered office d agent. I am  ORS IN 12  Addition  Addition |
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CHY-ST-ZIP

14. Too 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)(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 occurrence on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, of on an attachment virtual and dress.

SIGNATURE: \_

305 372 -2456