

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE: 0 RNS RATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Senora B. Mathews
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000061809
 1. Corporation Name
A. J. E. FASTNERS, INC.

Principal Place of Business: **10028 N.W. 79 AVENUE**
 HIDELEAH GARDENS, FLA. **33016-2481**

2. Principal Place of Business
 21 **10028 N.W. 79 AVE** 2a. Mailing Address
 26 **10028 N.W. 79 AVE.**
 22 City & State: **HIDELEAH GARDENS, FL** 27 City & State:
 23 **HIDELEAH GARDENS, FL** 28 **HIDELEAH GARDENS, FL.**
 24 **33016-2481** 25 **DADE** 29 **33016-2481** 30 **DADE**

3. Date of Incorporation: **SEPT. 1945**
 4. Filing Date: **65-0606097**
 5. Current Annual Report Due: **\$8.75 Additional Fee Required**
 6. Estimated Corporation Fee: **\$5.00 May Be Added to Fees**
 7. Has Corporation been previously dissolved? Yes

9. Name and Address of Current Registered Agent
BRUCE TONNESSEN
700 EAST ATLANTIC BLVD.
POMPANO BEACH, FL.
33060

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box, RFD, etc.)
 B3 City
 B4 State: **FL** B5 Zip

11. Pursuant to the provisions of Section 607.01(2), Florida Statutes, the undersigned, as a duly authorized officer or registered agent, or both, of the corporation, hereby certifies that the information furnished herein is true and correct to the best of their knowledge and belief, and that the corporation is not delinquent in its obligations to the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	NAME	CHARLES D HARPER
STREET ADDRESS	4783 NW 79 PLACE	CITY, STATE	DEERFIELD BCH FL 33442
TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	
TITLE		NAME	
STREET ADDRESS		CITY, STATE	

14. For necessary completion of this report, the undersigned hereby certifies that the information furnished herein is true and correct to the best of their knowledge and belief, and that the corporation is not delinquent in its obligations to the State of Florida.

SIGNATURE: *Charles D Harper*
 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

6/13/96 **305-557-0150**

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*****225.00**

CR25034 (3-96)

7/12/96