

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90008 017 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020834

1. Corporation Name
AMERICAN FASTENERS OF TAMPA, INC.

Principal Place of Business
6606 PEMBERTON SAGE CT
SEFFNER FL 33584

Mailing Address
6608 PEMBERTON SAGE CT
SEFFNER FL 33584



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/04/1996

4. FEI Number
59-3366050

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29

9. Name and Address of Current Registered Agent
BURBAGE, CHRISTINE M
6606 PEMBERTON SAGE CT
SEFFNER FL 33584

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

1. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

| DELETE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|--------------------------|----------------------|------------------------|------------------|--------------------------|
| <input type="checkbox"/> | BURBAGE, CHRISTINE M | 6606 PEMBERTON SAGE CT | SEFFNER FL 33584 | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | | | <input type="checkbox"/> |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: SIGNATURE REQUIRED
Christine M. Burbage
Christine M. Burbage 7-15-99 (813) 304-1892
Christine M. Burbage Date Daytime Phone # Pager Pigi-

Home evening
(813) 653-1931

CR2E034 (5/99)