FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022987 (7)

STAY HARDWARE, INC.

FILED Apr 28 1997 8:00am Secretary of State

		•			
Principal Plac	ce of Business	Mailing Address	Mailing Address		3 ABB TIRBUT TER AREAD BENAL BRANT BURKE BRANT BERTA TIRBU TIRBU BURKE BURKE TARIH TARIH
6506 NW 189TH ST MIAMI FL 33055		5306 NW 189TH ST MIAMI FL 33055-5316			
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1996
2. Principal F	Place of Business 5 NW 744 AVE	2a. Mailing Address 26 7025 NW	77	AVE	4. FEI Number Applied For 65-0656501 Not Applied ble
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		/ 14	\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State 23 Mami FL		City & State .			Election Campaign Financing \$5.00 May Be
23 MJ	Country	28 Mami	Country		Trust Fund Contribution L.J Added to Fees
24 133	150 25 USA	29 33/50 3	- 1 /	A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	PHIE, ALVIN		81	Name	JC
5306 NW 189TH ST MIAMI FL 33055			82	Street	et Address (P.O. Box Number is Not Acceptable)
[MIA	MI PL 33000		83		
			84	City	OF 75- Code
					FL 85 Zip Code
11. 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 ager	if and title it applicable (NOTE: F	log stored Age	ot signature	ture required when reinstating) DATE
12.	OFFICERS AND	·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Secretary . Change Addition
NAME	ARCHIE, ALVIN	•	1.2 NAME		Sherrie m. Archie
STREET ADDRESS	5306 NW 189TH ST		1.3 STREET		1330 6 NW_111 51
CITY-ST-ZIP TITLE	MIAMI FL 33055	☐ DEL€1E	1.4 CITY+S1+ZIP 2 ° TITLE		miami, FL 33055
NAME	MORTEN, WILLIE J		2.2 NAME		Last Olderige Care (1900)
STREET ADDRESS	5306 NW 189TH ST		2.5 STREET	ADDRESS	s į
CITY-ST-ZIP	MIAMI FL 33055		2.4 CHY-S	51 - ZiP	
TITLE		☐ DELETE	3 1 117LE		Change Addition
NAME			32 NAME		
STREET ADDRESS CITY-ST-2IP			33 STREET ADDRESS 34. City-St-ZiP		8
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		s
CITY-ST-ZIP		,	4.4 DHY-SI	1-718	
TITLE	,	☐ DELETE	5.1 TITLE		Change Addition
NAME CYDEET ADDOLESS			5.2 NAME	TENNESS	
STREET ADDRESS CITY-ST-ZIP			5.5 STREET		5
TITLE		☐ DELFTE	54 CHY-ST 6.1 TITLE	1 - ZIF	Change Addition
NAME			6.2 NAME		_ , ,,,
STREET ADDRESS			6.3 STREET	ADDRESS	s .

14. Ido 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 logal 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.

4-71.97