

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 OCT -6 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000050577**
1. Corporation Name
Qualified Fasteners of Florida, Inc.

Principal Place of Business
**452 Pelican Moorings
Venice, FL 34285**

Mailing Address
**48D Otis Street
W. Babylon, N.Y. 11704**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0683756		Not Applicable	
22		27		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
24		29		7. This corporation owes or has paid the current year intangible		☐ Yes ☐ No	
25		30		8. This corporation owes or has paid the current year Personal Property Tax due June 30.		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**Lieberman, Erick R
227 Nokomis Ave. S.
Venice, FL 34285 US**

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

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 of person providing printed name of registered agent is not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	11 NAME
NAME	STREET ADDRESS	12 NAME	12 STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	13 CITY- ST- ZIP	13 CITY- ST- ZIP
TITLE	NAME	21 TITLE	21 NAME
NAME	STREET ADDRESS	22 NAME	22 STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	23 CITY- ST- ZIP	23 CITY- ST- ZIP
TITLE	NAME	31 TITLE	31 NAME
NAME	STREET ADDRESS	32 NAME	32 STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	33 CITY- ST- ZIP	33 CITY- ST- ZIP
TITLE	NAME	41 TITLE	41 NAME
NAME	STREET ADDRESS	42 NAME	42 STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	43 CITY- ST- ZIP	43 CITY- ST- ZIP
TITLE	NAME	51 TITLE	51 NAME
NAME	STREET ADDRESS	52 NAME	52 STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	53 CITY- ST- ZIP	53 CITY- ST- ZIP
TITLE	NAME	61 TITLE	61 NAME
NAME	STREET ADDRESS	62 NAME	62 STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	63 CITY- ST- ZIP	63 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

James Lewis, 10-6-98 516-491-3180

CR2E034 (5/98)

Qualified Fasteners of Florida
452 Pelican Moorings
Venice, FL 34285

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10-6-98

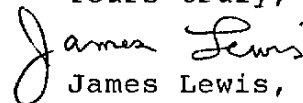
Florida Dep't of State
Division of Corporations
Tallahassee, FL 32399
Attn: Corporate Report Dep't.

Dear Sir or Madam:

I never received my Preprinted Annual Corporate
Report.

Please do not charge reinstatement fee.

Yours truly,


James Lewis, Pres.