

**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 TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V09929** (3)
1. Corporation Name

AMERICAN BOLT AND SCREW, INC.



Principal Place of Business: **825 N.W. 6TH AVE. FT. LAUDERDALE FL 33311**
Mailing Address: **825 N.W. 6TH AVE. FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified: **01/29/1992**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0307897**
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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**SWARTZ, MICHAEL
825 N.W. 6TH AVE.
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name: **SWARTZ, JUDITH**
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **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: *Judith Swartz*

(Signature based on printed name in 9, 10, and 12, applicable)

(Date: Registered Agent Signature required when registering)

(Date): **6/28/96**

12. OFFICERS AND DIRECTORS		
TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, MICHAEL	
STREET ADDRESS	825 N.W. 6TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, MICHAEL	
STREET ADDRESS	825 N.W. 6TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	C/D IS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SWARTZ, JUDITH	
13 STREET ADDRESS	825 NW 6TH AVE	
14 CITY-ST-ZIP	FT LAUDERDALE FL 33311	
21 TITLE	P/D IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	HARPER, CHARLES	
23 STREET ADDRESS	825 NW 6TH AVE	
24 CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

6/28/96 954-764-5000

CR2E034 (3/96)