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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09929

(3)

AMERICAN BOLT AND SCREW, INC.

FILED
May 08 1997 8:00am
Secretary of State



| Principal Place of Business<br>825 N.W. 6TH AVE.<br>FT. LAUDERDALE FL 33311 |                                   | Mailing Address<br>825 N.W. 6TH AVE.<br>FT. LAUDERDALE FL 33311-7222 |                  |                       |   |  |                                   |  |
|---|-----------------------------------|--|------------------|-----------------------|---|--|-----------------------------------|--|
|   |                                   |  |                  |                       |   | Date Incorporated or Qualified 01/29/1992  | 3a. Date of La<br>07/23/199       | st Report .                            |
| 2. Principal Place of Business 21   |                                   | 28. Mailing Address<br>26  |                  |                       |   | 4. FEI Number<br>65-0307897  | Applied For Not Applicable        |  |
| Suite, Apt.   | #, etc.                           | Suite, Apt.  | #, etc.          |                       |   | 5. Certificate of Status Desired   |                                   | 5 Additional<br>Required               |
| City & State  |                                   | City & State   |                  |                       |   | 6. Election Campaign Financing Trust Fund Contribution Added to Fees                     |                                   |  |
| Zip   | Country                           | Zip  |                  | Country               | ,   | 8. This corporation has liability for in   | ntangible tax und<br>Yes \[ \] No | er s. 199.032,                         |
| 24  | 9. Name and Address of Co         | 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20                         | 30 st            |                       | <del></del>   | Florida Statutes #   |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SW  | ARTZ, JUDITH                      | allott Hogerorea regul   | <u>!</u>         | B1                    | Name  | To. Maine and Modern of the Control of the   | io.oc regon                       |  |
| 895 NW RTH AVE  |                                   |  |                  |                       | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |  |
|   | LAUDERDALE FL 33311               |  |                  | 62                    | Street Adi  | dress (P.O. Box Number is Not Acceptab   | ie)                               |  |
|   |                                   |  |                  | 83                    |   |  |                                   |  |
|   |                                   |  |                  | 84                    | City  |  | FL B5                             | Zip Code                               |
| 11 Purcuant   | to the provisions of Sections 60  | 7 0502 and 607 1508 Fil  | orida Statutos 1 | he abov               | e-named co  | reporation submits this statement for the n  |                                   | o its registered                       |
| office of   | registered agent, or both, in the | State of Florida. Such ch  | nange was auth   | orized by             | y the corpor  | rporation submits this statement for the p<br>ation's board of directors. I hereby accep | t the appointmen                  | as registered                          |
|   | A SUM C                           | Dillyations of Section of  | ur.uuuu, munaa   | Jacolo                | 3.  | د  | 1/30/97                           |  |
| SIGNATURE   |                                   | ed agent and title if suplicable                                     | (NOTE: Re        | g stered Ag           | ent signature req                                     | uirad when reinstating)  | DATE                              |  |
| 12.   |                                   | S AND DIRECTORS  |                  | 13.                   |   | ADDITIONS/CHANGES TO OFFIC   |                                   |  |
| TOTALE C  | CDS<br>SWARTZ, JUDITH             |  | DELETE           | 1.1 TITLE             | İ   |  | Char                              | ge 🔲 Addition                          |
| NAME  | 825 NW 6TH AVE                    |  |                  | 1.2 NAME              |   |  |                                   |  |
| STREET ADDRESS  | FT LAUDERDALE FL                  |  |                  |                       | ADDRESS   |  |                                   |  |
| TITLE   | POT                               |  | DELETE           | 14 CITY-S<br>21 TITLE | SI-ZIP  |  | Char                              | ge 🔲 Addition                          |
| NAME  | HARPER, CHARLES                   | _  |                  | 2.2 NAME              |   |  |                                   | · —                                    |
| STREET ADDRESS  | 825 NW 6TH AVE                    |  |                  | 2.3 STREET            | ADDRESS   |  |                                   |  |
| CITY - ST - ZIP   | FT LAUDERDALE FL                  |  |                  | 2. 4 CITY-            |   |  |                                   |  |
| TITLE   |                                   |  | DELETE           | 3.1 TITLE             |   |  | ☐ Char                            | ige 🔲 Addition                         |
| NAME  |                                   |  |                  | 3.2 NAME              |   |  |                                   |  |
| STREET ADDRESS  |                                   |  |                  | 3.3 STREE             | T ADDRESS   |  |                                   |  |
| CHY-ST-ZIP  |                                   |  |                  | 3.4. CITY-            | ST-ZIP  |  |                                   |  |
| TITLE   |                                   |  | DELETE           | 4.1 TITLE             |   |  | Char                              | nge Addition                           |
| NAME  |                                   |  |                  | 4. 2 NAME             |   |  |                                   |  |
| STREET ADDRESS  |                                   |  | ŀ                |                       | FAODRESS  |  |                                   |  |
| DiTY-ST-ZIP   |                                   |  | DELETE           | 4.4 CITY-:            | ST-ZIP  |  | Chai                              | nge Addition                           |
| TITLE   |                                   | L.   | DELETE           | 5.1 TITLE             |   |  | L Olai                            | iðo F"1 vonnggn                        |
| NAME<br>CTOUGH ADDROSES   |                                   |  |                  | 5.2 NAME              |   |  |                                   |  |
| STREET ADDRESS  |                                   |  |                  |                       | T ADDRESS   |  |                                   |  |
| CITY-ST-7IP   |                                   | <u> </u>   | DELETE           | 5.4 CITY-:            | 51-ZIP  |  | ☐ Chai                            | nge                                    |
| TITLE   |                                   |  | OFCLIE           |                       |   |  | F-1 ()(d)                         | a. Tuenton                             |
| NAME<br>CTOLL LADDREIG  |                                   |  |                  | 6.2 NAME              |   |  |                                   |  |
| STREET ADDRESS  |                                   |  | į                |                       | T ADDRESS   |  |                                   |  |
| CHY-SI-ZIF  |                                   |  |                  | 6.4 CITY-             | SI-ZIP  |  | <del></del>                       |  |

14. I do 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 suppliemental 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 of 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 is charged or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97 954 764-5000

e Phone #