

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **701958** (1)
1. Corporation Name
CONCORD ARMS INC



Principal Place of Business Mailing Address
C/O CLAIRE JOHNSTON
2830 N E 30TH ST
FT LAUD FL 33306

3. Date Incorporated or Qualified **01/26/1961** 3a. Date of Last Report **04/21/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-0971729	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSTON, CLAIRE 2830 N.E. 30TH STREET FORT LAUDERDALE FL 33306		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
			85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Claire Johnston* (DATE) **4-6-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, KENNETH	1.2 NAME	JAMES MORAN
STREET ADDRESS	2830 N E 30TH ST	1.3 STREET ADDRESS	2830 NE30th ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HROBAK, ALBERT	2.2 NAME	CELESTE EVANS
STREET ADDRESS	2830 N E 30TH ST	2.3 STREET ADDRESS	2830 NE 30th ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONROY, WILLIAM	3.2 NAME	CLAIRE JOHNSTON
STREET ADDRESS	2830 N E 30TH ST	3.3 STREET ADDRESS	2830 NE 30th ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDAM, DOROTHY	4.2 NAME	ALBERT HROBAK
STREET ADDRESS	2830 N E 30TH ST	4.3 STREET ADDRESS	2830 NE 30th ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELSON, FRANK	5.2 NAME	
STREET ADDRESS	2830 NE 30TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *James F. Moran* (DATE) **April 8, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES MORAN, PRES.

CR2E037 (12/95)