

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 27 AM 9:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 704057 (9)
1. Corporation Name
WOODCREST ARMS INC

Principal Place of Business 2500 SAMPLE ROAD LIGHTHOUSE POINT FL 33064	Mailing Address 2500 SAMPLE ROAD LIGHTHOUSE POINT FL 33064
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1962	3a. Date of Last Report 02/28/1994
4. FEI Number 59-1035492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RICHARDSON, THOMAS W.
2500 SAMPLE ROAD, UNIT #10
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. City	FL B5. 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	LEFFERTS, BARBARA
STREET ADDRESS	2500 SAMPLE RD #8
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000
TITLE	D
NAME	RICHARDSON, THOMAS W.
STREET ADDRESS	2500 SAMPLE ROAD #10
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000
TITLE	D
NAME	JONES, BERNARD
STREET ADDRESS	2500 SAMPLE ROAD #6
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000
TITLE	D
NAME	ALLEN, SUSAN S
STREET ADDRESS	2500 SAMPLE RD #7
CITY - ST - ZIP	LIGHTHOUSE PT FL
TITLE	P
NAME	KOMONIEWSKI, ANN
STREET ADDRESS	2500 SAMPLE ROAD #5
CITY - ST - ZIP	LIGHTHOUSE PT FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: Thomas W. Richardson **THOMAS W. RICHARDSON** 4/2/95 **Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Title)

305-782-4982