


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90103 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704057

1. Corporation Name
WOODCREST ARMS INC

Principal Place of Business 2500 E SAMPLE RD LIGHTHOUSE POINT FL 33064 US	Mailing Address 2500 E SAMPLE RD LIGHTHOUSE POINT FL 33064 US
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* 4 3 4 8 7 5 *
 434875 - 90222 - 38

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/18/1962
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number 59-1035492
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RICHARDSON, THOMAS W. 2500 E SAMPLE RD UNIT 10 LIGHTHOUSE POINT FL 33064	10. Name and Address of New Registered Agent 81 Name ANITA TUFANO-MULLER 82 Street Address (P.O. Box Number is Not Acceptable) 2500 E SAMPLE RD #2 83 84 City Lighthouse Point FL 85 Zip Code 33064
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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 *Anita Tufano-Muller* DATE 4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FRISKEY, JUDY	1.1 TITLE CAROLYN FURST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2500 E SAMPLE RD #9	1.2 NAME 2500 NE 36 ST #1	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.3 STREET ADDRESS Lighthouse Point, FL	
		1.4 CITY-ST-ZIP 33064	
TITLE TSD	NAME RICHARDSON, THOMAS	2.1 TITLE ANITA TUFANO-MULLER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2500 E SAMPLE RD #10	2.2 NAME 2500 NE 36 ST #2	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.3 STREET ADDRESS Lighthouse Point, FL	
		2.4 CITY-ST-ZIP 33064	
TITLE VPD	NAME FURST, CAROLYN	3.1 TITLE ANN KOMOWIEWSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2500 E SAMPLE RD #1	3.2 NAME 2500 NE 36 ST #5	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	3.3 STREET ADDRESS Lighthouse Point, FL	
		3.4 CITY-ST-ZIP 33064	
TITLE D	NAME CIPOLLA, DOMINIC	4.1 TITLE CLAUDINA JENKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2500 SAMPLE ROAD 4	4.2 NAME 2500 NE 36 ST #8	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	4.3 STREET ADDRESS Lighthouse Point, FL	
		4.4 CITY-ST-ZIP 33064	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 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)(i), 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, with all other like empowered.

SIGNATURE: *Anita Tufano-Muller* DATE: 4/7/99 DAYTIME PHONE: 276-4414

CR2E037 (11/98)