

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUL 17 AM 8:46

**DOCUMENT # 707254 (9)**

1. Corporation Name  
**MONROE ARMS INC**

Principal Place of Business Mailing Address  
**1833 MONROE ST. #9 HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/07/1964</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-2606722</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**COPE, ANASTASIA  
1833 MONROE ST #16  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name <b>Leonora Augustine</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83. <b>1833 Monroe St #14</b>
84. City <b>HOLLYWOOD, FL.</b> FL 85. Zip Code <b>33020</b>

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 *Leonora Augustine* DATE **7-11-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BARTOO, LOUIS E.</b>
STREET ADDRESS	<b>1833 MONROE ST #9</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>VD</b>
NAME	<b>AUGUSTINE, LEONORA</b>
STREET ADDRESS	<b>1833 MONROE ST, APT 14</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>MARTIN, BLANCHE</b>
STREET ADDRESS	<b>1833 MONROE STREET #21</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>LOJOWSKY, MICHAEL</b>
STREET ADDRESS	<b>1833 MONROE STR #11</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>DT</b>
NAME	<b>COPE, ANASTASIA</b>
STREET ADDRESS	<b>1833 MONROE STREET #16</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>S</b>
NAME	<b>CAPONIGRO, MARIE</b>
STREET ADDRESS	<b>1833 MONROE STR #7</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Leonora Augustine</b>	
1.3 STREET ADDRESS	<b>1833 Monroe St</b>	
1.4 CITY - ST - ZIP	<b>HOLLYWOOD FL 33020</b>	
2.1 TITLE	<b>V PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WALTER ROBACK</b>	
2.3 STREET ADDRESS	<b>1833 Monroe St #15</b>	
2.4 CITY - ST - ZIP	<b>HOLLYWOOD FL 33020</b>	
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	<b>Donald Bourgeois</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>1833 Monroe St #8</b>	<b>DIRECTOR</b>
4.3 STREET ADDRESS	<b>HOLLYWOOD FL 33020</b>	
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Leonora Augustine</b>	
5.3 STREET ADDRESS	<b>1833 Monroe St</b>	
5.4 CITY - ST - ZIP	<b>HOLLYWOOD FL 33020</b>	
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: *Leonora Augustine Pres.* DATE: **6/21/95** 305921-1975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LEONORA AUGUSTINE, PRES./TRUS.**

CR2E037 (3/95)