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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707254

1. Corporation Name

MONROE ARMS INC

Principal Place of Business

1833 MONROE ST., #9
 HOLLYWOOD FL 33020

Mailing Address

222 SW 8 STREET
 DANIA FL 33004
 US

1 167320 2 90200 3 7 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/07/1964

4. FEI Number
 59-2606722

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AUGUSTINE, LEONORA
 1833 MONROE ST 14
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD**
AUGUSTINE, LEONORA
 STREET ADDRESS **1833 MONROE ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE DELETE
 NAME **VP**
CROSBIE, NOREEN
 STREET ADDRESS **1833 MONROE STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE DELETE
 NAME **D**
MARTIN, BLANCHE
 STREET ADDRESS **1833 MONROE STREET #21**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE DELETE
 NAME **D**
BOURGEOIS, DONALD
 STREET ADDRESS **1833 MONROE ST 8**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE DELETE
 NAME **T**
AUGUSTINE, LEONORA
 STREET ADDRESS **1833 MONROE ST**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE DELETE
 NAME **S**
CAPONIGRO, MARIE
 STREET ADDRESS **1833 MONROE STR #7**
 CITY-ST-ZIP **HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **ADD**
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **VP**
WALTER ROBAK
 2.3 STREET ADDRESS **1833 MONROE ST**
HOLLYWOOD FL 33020
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **DIRECTOR**
NOREEN CROSBIE
 3.3 STREET ADDRESS **1833 MONROE ST**
HOLLYWOOD FL 33020
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 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:

Leonora Augustine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99 954921-1975

CR2E037 (1/198)