

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 # 722549 (3)

1. Corporation Name
WASHINGTON ARMS MANAGEMENT, INC.



Principal Place of Business: 190 EAST OLMSTEAD DRIVE TITUSVILLE FL 32780
Mailing Address: 190 EAST OLMSTEAD DRIVE TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 01/27/1972
3a. Date of Last Report: 03/06/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1449619	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	City & State			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIRESTONE, JOHN P 190 E OLMSTEAD DR UNIT 11 TITUSVILLE FL 32780				81	Name	E. R. MANIERRE	
				82	Street Address (P.O. Box Number is Not Acceptable)	190 E. OLMSTEAD DR. F-14	
				83			
				84	City	TITUSVILLE, FL.	85

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: *E.R. Manierre, President* (E.R. Manierre, President) 2-15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JOSEPH DUBISKY	
NAME	DORMAN, SPARKS		1.2 NAME	JOSEPH DUBISKY	3660 OAKHILL DR.		
STREET ADDRESS	4050 BARR COURT		1.3 STREET ADDRESS	3660 OAKHILL DR.	TITUSVILLE, FL. 32780		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780			
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	E. R. MANIERRE	
NAME	MANIERRE, E. R		2.2 NAME	E. R. MANIERRE	190 E. OLMSTEAD DR. F-14		
STREET ADDRESS	190 E OLMSTEAD DRIVE #F-14		2.3 STREET ADDRESS	190 E. OLMSTEAD DR. F-14	TITUSVILLE, FL. 32780		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ERNEST ARNEY	
NAME	VIGLIOTTI, JEANETTE		3.2 NAME	ERNEST ARNEY	9350 LK HICKORY NUT DR.		
STREET ADDRESS	190 E OLMSTEAD DRIVE #C-11		3.3 STREET ADDRESS	9350 LK HICKORY NUT DR.	WINTER GARDEN, FL. 34787		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787			
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JOHN FIRESTONE	
NAME	COLEMAN, CECELIA		4.2 NAME	JOHN FIRESTONE	2795 DONNA DRIVE		
STREET ADDRESS	190 E OLMSTEAD DRIVE, #A-8		4.3 STREET ADDRESS	2795 DONNA DRIVE	TITUSVILLE, FL. 32780		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	ANITA BYERS	
NAME	LUNDBERG, ELENA		5.2 NAME	ANITA BYERS	190 E. OLMSTEAD DR. F-2		
STREET ADDRESS	190 E OLMSTEAD DRIVE, #C-8		5.3 STREET ADDRESS	190 E. OLMSTEAD DR. F-2	TITUSVILLE, FL. 32780		
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MIKE MANOS	
NAME	BYERS, ANITA		6.2 NAME	MIKE MANOS	190 E. OLMSTEAD DR. C-10		
STREET ADDRESS	190 E OLMSTEAD DR #F2		6.3 STREET ADDRESS	190 E. OLMSTEAD DR. C-10	TITUSVILLE, FL. 32780		
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780			

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: *E.R. Manierre, President* FEB 15 1996 (407) 268-0709
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)