

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90014 008 ***150.00
 09-20-1999 90007 047 ***550.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F97000004788**

1. Corporation Name
KALASHNIKOV-USA LTD. INCORPORATED

Principal Place of Business
 1445 SE VILLAGE GR
 FT ST LUCIE FL 34952
 US

Mailing Address
 PO BOX 157
 FT. PIERCE FL 34982



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1997

2. Principal Place of Business
 21 **1019 Holbrook Ct**
 Suite, Apt. #, etc.
 22 **B-3**

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27

4. FEI Number
65-0746894
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
Pt St Lucie Fl
 Zip
34952
 Country
 25

28 City & State
 Zip
 29 Country
 30

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

LYSHON, G. STEVENS
STE A-1
FT. PIERCE FL 34982

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYSHON, G. STEVENS	1.2 NAME	
STREET ADDRESS	1001 HEROA	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34954	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMKOV, GEORGY	2.2 NAME	
STREET ADDRESS	3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSIA	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRODETSKY, VLADIMIR	3.2 NAME	
STREET ADDRESS	3 DERYABIN ST., IZHEVSK, UDMART REPUBLIC	3.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSIA	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGDEEY, MARK	4.2 NAME	
STREET ADDRESS	3, DERYABIN ST., IZHEVSK, UDMART REPUBLIC	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSSIA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYSHON, L.G.	5.2 NAME	
STREET ADDRESS	3101 S. INDIAN RIVER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (5/99)