

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000059829 (0)**

1. Corporation Name

CENTURY INTERNATIONAL ARMS CORPORATION



Principal Place of Business

Mailing Address

**1161 HOLLAND DRIVE
SUITE 301A
BOCA RATON FL 33487
US**

**1161 HOLLAND DRIVE
SUITE 301A
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified

08/25/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0433367

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVENUE, SUITE 800
WEST PALM BEACH FL 33401**

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

Signature (typed or printed name of registered agent, if applicable) (NONE) Registered Agent Signature (typed or printed name) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☐ DELETE
NAME **SUCHER, MICHAEL**
STREET ADDRESS **1161 HOLLAND DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **SUCHER, BRIAN**
STREET ADDRESS **7815 HENRI BOURASSA BOUL W.**
CITY-ST-ZIP **MONTREAL QUEBEC CA H4S1P-7**

2 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SUCHER, PHYLLIS**
STREET ADDRESS **10200 E. BROADVIEW DR.**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

3 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **SUCHER, ANNA**
STREET ADDRESS **1161 HOLLAND DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

4 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **NAPONICK, PAUL M**
STREET ADDRESS **1161 HOLLAND DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

5 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 22 1996

407 998-3200
Daytime Phone #

CR2E034 (12/95)