

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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

4. FEI Number

65-0433367

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 607.0602 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 or officer or director) (NOTE: Registered Agent signature must be in ink on this day)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	SUCHER, MICHAEL	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SUCHER, BRIAN	
STREET ADDRESS	7815 HENRI BOURASSA BOUL W.	
CITY-ST-ZIP	MONTREAL QUEBEC CA H4S1P-7	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUCHER, PHYLLIS	
STREET ADDRESS	10200 E. BROADVIEW DR.	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUCHER, ANNA	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NAPONICK, PAUL M	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

DATE

Daytime Phone #

CR2E034 (12/95)