

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000066298 (7)

1. Corporation Name
ACCURATE SALES, INC.



Principal Place of Business: 661 BEVILLE ROAD STE 109 SO. DAYTONA FL 32119
Mailing Address: 661 BEVILLE ROAD STE 109 SO. DAYTONA FL 32119

3. Date Incorporated or Qualified: 08/25/1995
3a. Date of Last Report

2. Principal Place of Business: 21 AMMO DUMP, 22 661 BEVILLE RD. #109 SOUTH DAYTONA, FL 32119, 23 City & State, 24 Zip, 25 VOLUSIA, 26 Mailing Address: 26 AMMO DUMP, 27 661 BEVILLE RD. #109 SOUTH DAYTONA, FL 32119, 28 City, 29 Zip, 30 VOLUSIA

4. FEI Number: 59-333-7601
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
Election Campaign Financing: \$5.00 May Be Added to Fees
Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: FERREN, FRANKLIN D, 661 BEVILLE ROAD STE 109, SO. DAYTONA FL 32119

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERREN, CARYLE	
STREET ADDRESS	149 BRYAN CAVE ROAD	
CITY-ST-ZIP	SO. DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERREN, FRANKLIN D	
STREET ADDRESS	149 BRYAN CAVE ROAD	
CITY-ST-ZIP	SO. DAYTONA FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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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: Franklin D Ferren FRANKLIN D. FERREN 4-3-96 7880078
PRESIDENT

CR2E034 (12/95)