FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V06091

(5)

Mailing Address

UNIVERSAL SHOOTING ACADEMY, INC.

4300 HIGHWAY 630 E FROSTPROOF FL 33843		4300 HIGHWAY 630 E FROSTPROOF FL 33843-9	4300 HIGHWAY 630 E FROSTPROOF FL 33843-9590						
								Date of Last Report	
2. Principal P	Place of Business	2a. Mailirig Address	2a. Mailing Address			4. FEI Number		<u>Ar</u>	plied For
21		26				59-3117285		Nc	t Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc				5. Certificate of Status Desired	Ti	•	Additional
City of Charl	le.	27]						Fee Re	
City & Stat	IG.	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	28 Zip	Co	untry		Trust Fund Contribution		Added 1	
24	25	29	30	unny		This corporation has liability for in Florida Statutes	intangible ta Yes 🌃		. 199.032,
:71	9. Name and Address of Cu		30	Γ.		10. Name and Address of New Re			······································
GAR	CIA, FRANK			81	Name				
4300 HIGHWAY 630E									
FROSTPROOF FL 33843				82 Street Address (P.O. Box Number is Not Acceptable)					
1110	01111001 12 00040			83	***************************************				
				84	City		FL	85 Žip (Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508. Florida Statu	utes, the a	bove	e-named co	poration submits this statement for the p	urpose of c	nanoino it	s registered
agent La SIGNATURE	im familiar with, and accept the o	bigations of, Section 607.0505, F	lorida Sta	itutes	ì.	ation's board of directors. I hereby accep			
12.	Signature: typica or printed name of registero OFFICERS		TE Registere	ed Age	ot signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	IDECTOR	C IN 10
DTLE	PD			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	GARCIA, FRANK		1.21				L) Charige	Addition
STREET ADDRESS	4300 HIGHWAY 630 E				*CODEDO				
	FROSTPROOF FL 33843				ADDRESS				
CITY-\$1-ZIP TITLE	711007111007 72 00040	DELETE	2.1 T	ITY-S	1 - ZIP			Change	Addition
NAME			2.21				L	1 onenge	LIII Naaliioli
STREET ADORESS					ADDRESS				
			B		ADDRESS				
CITY-S1-ZIP TITLE	DELETE			2.4 CITY - ST - ZI				T Change	Addition
NAME		ULLUTE	3.2) onenge	L Addition
STREET ADDRESS					ADDDECC				
					ADDRESS				
CITY-ST ZIF TITLE		DELETE	4,1 T		it-zip		т	Change	Addition
NAME			ı	NAME				_ change	Nation
STREET ADORESS					ADDRESS				
CITY-ST-ZIP				ITY - S	1				
TITLE		DELETE	5.1 7		1.11			Change	Addition
NAME		Passed	5.2 N				h-o-		t
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ity - s	1				
TITLE		☐ DELETE	6.1 T		, 4.11		Т	Change	Addition
NAME			6.2 M				-		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ity - S					
14. I do herel	by certify that the information sup	plied with this filling does not qua	lify for the	exe	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that	the
informatio	on indicated on this annual report	or supplemental annual report is	true and	acci	rate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if	made un	der oath; that
appears i	in Block 12 or Block 13 if change	d ol ₫r ⊈n attachment with an a e	adress,		•		/ 1		
	1 - 12 -	MIMW	وطولها		ARCI	a lieba	(aui)	635-	3425
SIGNAT	UHE:	THE DESIGNATION OF STATE OF ST				י ד <i>ו שו</i> ני יז	フィス	U/U /	- 1 - 3