

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V06934 (6)

1. Corporation Name
SCARPINO GUNS & AMMO, INC.



Principal Place of Business: **8101 NORTHWEST 46TH COURT LAUDERHILL FL 33351**
Mailing Address: **8101 NORTHWEST 46TH COURT LAUDERHILL FL 33351-5619**

3. Date Incorporated or Qualified: **01/16/1992**
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business
21 **1751 W. Copans Rd**
Suite, Apt. #, etc.
22
2b. Mailing Address
26 **1751 W Copans Rd**
Suite, Apt. #, etc.
27

4. FEI Number: **65-0326024**
Applied For:
Not Applicable:

23 **Pompano Bch FL**
City & State
28 **Pompano Bch FL**
City & State

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

24 **33064** 25 **Broward**
Zip Country
29 **33064** 30 **Broward**
Zip Country

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

9. Name and Address of Current Registered Agent
**SCARPINO, WILLIAM
8101 NORTHWEST 46TH COURT
LAUDERHILL FL 33351**

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: *Laura Scarpino* **LAURA SCARPINO Treasurer** **1/19/97**
Signature: Typed or printed name of registered agent and title, if applicable. (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	SCARPINO, WILLIAM	1.2 NAME	
STREET ADDRESS	8101 N.W. 48TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARPINO, LAURA	2.2 NAME	
STREET ADDRESS	8101 N.W. 48TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laura Scarpino* **LAURA SCARPINO Treasurer** **1/19/97** **954-975-2902**
Signature: Typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)