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Apr 16 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 # 444843 (7)

1. Corporation Name  
ARMSPORT, INC.

Principal Place of Business  
3590 N.W. 49TH ST.  
MIAMI FL 33142

Mailing Address  
3590 N.W. 49TH ST.  
MIAMI FL 33142-3926



3. Date Incorporated or Qualified  
01/28/1974

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-1513394

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOMERSTEIN, SEYMOUR  
4000 TOWERSIDE TERRACE, APT #2005  
NORTH MIAMI FL 33138

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 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 PD  
NAME SOMERSTEIN, SEYMOUR  
STREET ADDRESS 4000 TOWERSIDE TERR.  
CITY - ST - ZIP NORTH MIAMI FL

1.1 TITLE AST  
1.2 NAME HODGE, DELORIS U.  
1.3 STREET ADDRESS 2141 N. W. 65th Street  
1.4 CITY - ST - ZIP Miami, FL 33147

TITLE SD  
NAME SOMERSTEIN, MYRNA  
STREET ADDRESS 4000 TOWERSIDE TERR  
CITY - ST - ZIP NORTH MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VP  
NAME BINES, PAUL  
STREET ADDRESS 1205 MARIPOSA  
CITY - ST - ZIP CORAL GABLES FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE T  
NAME SOMERSTEIN, HELEN  
STREET ADDRESS 4000 TOWERSIDE TERR  
CITY - ST - ZIP NORTH MIAMI FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE AST  
NAME TOWER, ETHEL M.  
STREET ADDRESS 10135 N.W. 4TH LANE  
CITY - ST - ZIP MIAMI FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S. G. Somerstein, President 1/16/97 305 635-7850

CR2E034 (9/96)