

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 13 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 701958 (1)

1. Corporation Name
CONCORD ARMS INC



Principal Place of Business Mailing Address
**C/O CLAIRE JOHNSTON
2830 N E 30TH ST
FT LAUD FL 33306**

3. Date Incorporated or Qualified **01/26/1961** 3a. Date of Last Report **04/12/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-0971729** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, CLAIRE
2830 N.E. 30TH STREET
FORT LAUDERDALE FL 33306**

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 617.0502 and 617.1508, 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 617.0503, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES	1.2 NAME	
STREET ADDRESS	2830 NE 30TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES	2.2 NAME	CELESTE EVANS
STREET ADDRESS	2830 NE 30TH ST	2.3 STREET ADDRESS	2830 N.E. 30th ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, CLAIRE	3.2 NAME	
STREET ADDRESS	2830 NE 30TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES	4.2 NAME	STEVE DOLINAK
STREET ADDRESS	2830 NE 30TH ST	4.3 STREET ADDRESS	2830 N.E. 30th ST.
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELSON, FRANK	5.2 NAME	
STREET ADDRESS	2830 NE 30TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CELESTE	6.2 NAME	
STREET ADDRESS	2830 NE 30TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES F. MORAN** *James F. Moran, Pres.* **2-9-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035725

CR2E037 (9/96)