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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701958

1. Corporation Name
CONCORD ARMS INC

Principal Place of Business C/O RAYMOND MARESCO 2830 N E 30TH ST FT LAUD FL 33306 US	Mailing Address C/O RAYMOND MARESCO 2830 N E 30TH ST FT LAUD FL 33306 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/26/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0971729
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARESCO, RAYMOND
 2830 NE 30TH ST
 APT 10
 FORT LAUDERDALE FL 33306

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 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 *Raymond Maresco* DATE 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DOLINAK, STEPHEN	
STREET ADDRESS	2830 NE 30TH ST, APT 19	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELSON, FRANK	
STREET ADDRESS	2830 NE 30TH ST, ATP 2	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33306	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARESCO, RAYMOND	
STREET ADDRESS	2830 NE 30TH ST, APT 10	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HROBAK, ALBERT	
STREET ADDRESS	2830 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARDAM, DOROTHY	
STREET ADDRESS	2830 NE 30TH ST, APT 18	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LINDA SALMONS	
1.3 STREET ADDRESS	415 BOND PL. 9-B	
1.4 CITY-ST-ZIP	CINCINNATI, OH. 45206	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL BARRETTE	
2.3 STREET ADDRESS	P.O. Box 5352	
2.4 CITY-ST-ZIP	ELLSWORTH, ME. 04605-5352	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Mark D. ...* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 (954) 566 0285 DATE DAYTIME PHONE #

CR2E037 (11/98)