

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702516 (6)

1. Corporation Name

LAFAYETTE ARMS INC



Principal Place of Business

Mailing Address

2866 NE 30 ST
FT. LAUDERDALE FL 333062866 NE 30 ST
FT. LAUDERDALE FL 33306-1970

3. Date Incorporated or Qualified

01/01/1962

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-0999437

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LARSON W.L.
2866 NE 30TH ST
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

NORRIS, SANDRA

82 Street Address (P.O. Box Number is Not Acceptable)

2866 NE 30TH ST

83

84 City

FT. LAUDERDALE, FL

85 Zip Code

33306

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 *Sandra Norris*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORRIS, SANDRA	
STREET ADDRESS	2866 NE 30ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, W L	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	O'DONNELL, MARY J.	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DOHENY, MARY JANE	
STREET ADDRESS	2866 NE 30TH ST.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOSSELLMAN, VERNE	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUNSON, LESTER	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SP GIERING, R. H.
2.3 STREET ADDRESS	2866 NE 30TH ST
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PP MUNSON, LESTER
6.3 STREET ADDRESS	2866 NE 31TH ST
6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301

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:

Sandra Norris REQUIRED

March 31 1997 (954) 568-3073

CR2E037 (9/96)