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FILED  
Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702516** (6)

1. Corporation Name

**LAFAYETTE ARMS INC**

Principal Place of Business

Mailing Address

2866 NE 30 ST  
FT. LAUDERDALE FL 33306

2866 NE 30 ST  
FT. LAUDERDALE FL 33306

3. Date Incorporated or Qualified

**01/01/1962**

4. FEI Number

**59-0999437**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORRIS, SANDRA**  
2866 NE 30TH ST  
FT. 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 *Sandra Norris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORRIS, SANDRA	
STREET ADDRESS	2866 NE 30ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GIERING, R.H.	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, MARY J.	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ATD Hughes, Louise
3.3 STREET ADDRESS	2866 NE 30 ST,
3.4 CITY-ST-ZIP	FT. Lauderdale, FL 33306

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DOHENY, MARY JANE	
STREET ADDRESS	2866 NE 30TH ST.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOSSELLMAN, VERNE	
STREET ADDRESS	2866 NE 30TH ST	
CITY-ST-ZIP	FT.LAUDERDALE FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUNSON, LESTER	
STREET ADDRESS	2866 NE 30THJ ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

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.

SIGNATURE: *Sandra Norris* **SIGNATURE REQUIRED** *Sandra Norris - Treas.* **1-28-98 (954) 568-3073**

CR2E037 (10/97)