


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90020 017 ****61.25

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

DOCUMENT # 702516

1. Corporation Name

LAFAYETTE ARMS INC

Principal Place of Business

2866 NE 30 ST
 FT. LAUDERDALE FL 33306

Mailing Address

2866 NE 30 ST
 FT. LAUDERDALE FL 33306



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/01/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0999437	
24 Country		29 Country		30	
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

NORRIS, SANDRA
 2866 NE 30TH ST
 FT. 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	85 Zip Code
			FL	

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 - TRES.

March 4 1999

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, SANDRA	1.2 NAME	Pfeifer, John
STREET ADDRESS	2866 NE 30ST	1.3 STREET ADDRESS	2866 n.e 30 st,
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIERING, R.H.	2.2 NAME	Doane, Jim
STREET ADDRESS	2866 NE 30TH ST	2.3 STREET ADDRESS	2866 n.e 30 st,
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	ATD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, LOUISE	3.2 NAME	Hughes, Louise
STREET ADDRESS	2866 NE 30TH ST	3.3 STREET ADDRESS	2866 n.e 30 st,
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33306	3.4 CITY-ST-ZIP	Ft. Laud. FL
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	1st VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHENY, MARY JANE	4.2 NAME	Doheny, Mary Jane
STREET ADDRESS	2866 NE 30TH ST.	4.3 STREET ADDRESS	2866 n.e 30 st,
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	Ft. Laud. FL
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	2nd VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSELLMAN, VERNE	5.2 NAME	Hossellman, Verne
STREET ADDRESS	2866 NE 30TH ST	5.3 STREET ADDRESS	2866 n.e 30 st,
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Laud. FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	MUNSON, LESTER	6.2 NAME	
STREET ADDRESS	2866 NE 30TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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: Sandra Norris SIGNATURE REQUIRED 3-4-99 954-568-3073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (1-1-98)