2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jul 28, 2004 8:00 am **Secrétary of State DOCUMENT # 702516** 1. Entity Name 07-28-2004 90018 029 ****61.25 LAFAYETTE ARMS INC Principal Place of Business Mailing Address 2866 NE 30 ST FT. LAUDERDALE FL 33306 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) MOORE Applied For City & State City & State 4. FEI Number 59-0999437 Not Applicable Zip \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORRIS, SANDRA-Street Address (P.O. Box Number is Not Acceptable) 2866 NE 30TH ST FT. LAUDERDALE FL 33306 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to ... \$5.00 May Be Trust Fund Contribution. Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD ☐ Addition TITLE ☐ Delete TITLE ☐ Change NORRIS, SANDRA NAME NAME STREET ADDRESS 2866 NE 30ST STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE Change ☐ Addition TITLE LESSLEU, EUGENE NAME NAME 2866 N E 30 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition LING, DONALD NAME : NAME 2866 NE 30TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change Gierina, Dick MURPHY, STEPHEN NAME NAME 2866 NE 30TH ST. E 30 M. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CiTY-ST-7IP Delete Addition TITLE ☐ Change TITLE FIENE, LISA O NAME 2866 n.E. 30 St. 2866 NE 30TH ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY, ST. 7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

FILED

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG