

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736409**

**(4)**

1. Corporation Name

**PALMETTO PISTOL CLUB, INC.**



Principal Place of Business

**7350 CORAL WAY  
MIAMI FL 33155**

Mailing Address

**8425 SW 70 ST  
MIAMI FL 33143  
US**

3. Date Incorporated or Qualified  
**07/15/1976**

3a. Date of Last Report  
**06/20/1995**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERMAN, SALAZAR A  
8425 SW 70 ST  
MIAMI FL 33143**

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

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

(NOTE: Registered Agent signature required when rechartering)

**3/13/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **P JONES, WILLIAM**  
STREET ADDRESS **9674 NW 10 AVE. #808**  
CITY-STATE-ZIP **MIAMI FL**

11 TITLE ☐ Change ☒ Addition  
12 NAME **VP/D Vogel, Robert**  
13 STREET ADDRESS **461 NW 47 Ave**  
14 CITY-STATE-ZIP **Deerfield Beach FL 33442**

TITLE ☒ DELETE  
NAME **V FORD, JOHN**  
STREET ADDRESS **10445 SW 43 ST.**  
CITY-STATE-ZIP **MIAMI FL**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **ST GERMAN, SALAZAR A**  
STREET ADDRESS **8425 SW 70 ST**  
CITY-STATE-ZIP **MIAMI FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **FIRLEY, JOHN**  
STREET ADDRESS **6465 S.W. 23RD ST.**  
CITY-STATE-ZIP **MIAMI FL**

41 TITLE **P/D** ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **D KEENER, PAUL**  
STREET ADDRESS **10460 SW 78 ST.**  
CITY-STATE-ZIP **MIAMI FL**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **D BICKLEY, JACK**  
STREET ADDRESS **7300 S.W. 15TH ST.**  
CITY-STATE-ZIP **MIAMI FL**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GERMAN A. SALAZAR**

Date

**3/13/96**

Daytime Phone #

**305 823-9293**

CR2E037 (12/95)