

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736409

1. Corporation Name

PALMETTO PISTOL CLUB INC.

Principal Place of Business

Mailing Address

7350 CORAL WAY
MIAMI FL 33155-1445

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/15/1976	07/15/1976
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	650194126	<input checked="" type="checkbox"/> Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERMAN A. SALAZAR
8425 SW 70 ST.
MIAMI FL 33143

81 Name JOHN L. FIRLEY
82 Street Address (P.O. Box Number is Not Acceptable) 7350 CORAL WAY
83 MIAMI
84 City MIAMI FL 85 Zip Code 33155

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

John L. Firley Pres.

Aug 6, 1996

(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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JONES WM.	1.2 NAME	P / S / T
STREET ADDRESS	9674 NW 100th #808	1.3 STREET ADDRESS	JOHN L. FIRLEY
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	7350 CORAL WAY
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	VP
STREET ADDRESS	FORD, JOHN	2.3 STREET ADDRESS	VOGEL, ROBERT
CITY - ST - ZIP	10445 SW 43 ST.	2.4 CITY - ST - ZIP	461 NW 47 AV
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	D
STREET ADDRESS	FIRLEY JOHN	3.3 STREET ADDRESS	CUNARD BRENDA
CITY - ST - ZIP	6465 SW 23 ST.	3.4 CITY - ST - ZIP	7120 SW 58 ST
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	4.2 NAME	D
STREET ADDRESS	KEENER PAUL	4.3 STREET ADDRESS	COLE, DEREK
CITY - ST - ZIP	10460 SW 28 ST	4.4 CITY - ST - ZIP	6901 E. EDGEWATER DR.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	000001920520
STREET ADDRESS	BICKLEY JACK	5.3 STREET ADDRESS	-08/13/96--01120--021
CITY - ST - ZIP	7300 SW 15 ST.	5.4 CITY - ST - ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	CERVONE ANTHONY
CITY - ST - ZIP		6.4 CITY - ST - ZIP	7895 SW 13 ST.

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:

John L. Firley

PRESIDENT

Aug 6 1996

305-264-1070

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone #

CR2E037 (3/96)