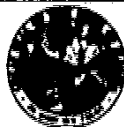


# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:13

DOCUMENT # 813939 (6)

1. Corporation Name

THE KEYSTONE ARMS, INC.

Principal Place of Business

13105 IXORA COURT  
PO BOX 108  
N MIAMI FL 33181-2317

Mailing Address

13105 IXORA COURT  
PO BOX 108  
N MIAMI FL 33181-2317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1959

3a. Date of Last Report

02/09/1994

4. FEI Number

59-0882615

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HIGGINS, RAYMOND  
13105 IXORA CT  
#210  
N MIAMI FL 33181

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | DP                |
| NAME            | ASHCOM, ANDREW    |
| STREET ADDRESS  | 13105 IXORA CT.   |
| CITY - ST - ZIP | N MIAMI FL        |
| TITLE           | D                 |
| NAME            | STEINBERG, JAY    |
| STREET ADDRESS  | 13105 IXORA COURT |
| CITY - ST - ZIP | N MIAMI FL        |
| TITLE           | DV                |
| NAME            | GULLO, SAMUEL     |
| STREET ADDRESS  | 13105 IXORA CT    |
| CITY - ST - ZIP | N MIAMI FL        |
| TITLE           | DT                |
| NAME            | HIGGINS, RAYMOND  |
| STREET ADDRESS  | 13105 IXORA CT    |
| CITY - ST - ZIP | N MIAMI FL        |
| TITLE           | D                 |
| NAME            | SMITH, HELENOLA   |
| STREET ADDRESS  | 13105 IXORA CT    |
| CITY - ST - ZIP | N MIAMI FL        |
| TITLE           | D                 |
| NAME            | BELL, ROBERT      |
| STREET ADDRESS  | 13105 IXORA COURT |
| CITY - ST - ZIP | N MIAMI FL        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 CITY - ST - 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/95  
Date

Chapter 017, Florida Statutes