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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED
Jan 30 1998 8:00am
Secretary of State

• Corporatio	Name # 87393	9 (6)					
	EYSTONE ARMS, INC.						
I IIL K	LIGIONE ARMS, ING.					I TROUGH LOUIS CHOOL BEFOR THE CHARGE HOLD WHOLL BEFORE BLOCK BROKE HOLD	
Principal Plac	e of Business	Mailing Address				T CAN IN SHIEF LIBOR (CITA LAND CITE SHIE SHIEF SHEET	
13105 IXORA C	OURT	13105 IXORA COURT				3. Date Incorporated or Qualified	\neg
PO BOX 108 PO BOX 108						10/05/1959	
N MIAMI FL 331	181-2317	N MIAMI FL 33181-2317				4. FEI Number Applied For	\Box
						59-0882615 Not Applicable	е
<u> </u>	lace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional	
21	# 444	26				/ Fee Required	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	e	City & State				7. Is this nonprofit corporation a homeowners association?	-
23	_	28				Yes No	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible	٦
24	25	29	30			Personal Property Tax due June 30. Yes No	_
 	9. Name and Address of Curr	ent Registered Agent		81	Mana	10. Name and Address of New Registered Agent	4
				• •	Name		
	, RAYMOND			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
13105 IX	ORA CT			83			\dashv
#210	FI 00404			Ш			
IMMAIM P	FL 33181		İ	84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508, Florida Statu	tes, the al	DOVE DOVE	-named corpo		í
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	authorized	d by	the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	· · ·	9440113 61, 06611611 611 16666, 11	.0.100 0101		•		
	Signature, typed or printed name of registered a			d Age	nt signature required	·	<u> </u>
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ 8
TITLE	DP	DELETE	1.1 11			Change Addition	" ₹
NAME	ASHCOM, ANDREW			WE			
STREET ADDRESS	1010E NODA OT		1.2 N/	-			200
	13105 IXORA CT.		1.3 ST		ADDRESS		70000
CITY-ST-ZIP	n miami fl	l Delete	1.3 ST 1.4 CI	TY-\$1		Change Addition	- DOCTOR
CITY-ST-ZIP TITLE	N MIAMI FL D	☐ DELETE	1.3 ST	TY-\$1 TLE		Change Addition	- L
CITY-ST-ZIP TITLE NAME	n miami fl D Steinberg, Jay	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NA	TY-\$1 TLE VME	T-ZIP	Change Addition	= -
CITY-ST-ZIP TITLE NAME STREET ADDRESS	N MIAMI FL D STEINBERG, JAY 13105 IXORA COURT	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TY-\$1 TLE VME	T-ZIP ADDRESS	☐ Change ☐ Addition	=
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	N MIAMI FL D STEINBERG, JAY 13105 IXORA COURT N MIAMI FL DV GULLO, SAMUEL 13105 IXORA CT		1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	TY-ST TLE VME TREET . ITY-S TLE VME	T-ZIP ADDRESS		
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microated on this annual report or supplementariannual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at officer or director of the officer 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, of on an attachment with an address.