
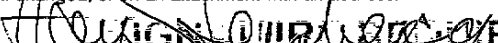


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 813939 (6)</b> 1. Corporation Name <b>THE KEYSTONE ARMS, INC.</b>					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1959	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0882615	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	ASHCOM, ANDREW				
STREET ADDRESS	13105 IXORA CT.				
CITY-ST-ZIP	N MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STEINBERG, JAY				
STREET ADDRESS	13105 IXORA COURT				
CITY-ST-ZIP	N MIAMI FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	GULLO, SAMUEL				
STREET ADDRESS	13105 IXORA CT				
CITY-ST-ZIP	N MIAMI FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	HIGGINS, RAYMOND				
STREET ADDRESS	13105 IXORA CT				
CITY-ST-ZIP	N MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SMITH, HELENOLA				
STREET ADDRESS	13105 IXORA CT				
CITY-ST-ZIP	N MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BELL, ROBERT				
STREET ADDRESS	13105 IXORA COURT				
CITY-ST-ZIP	N MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. 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 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:  RED 1/12/98					

CR2E037 (10/97)