## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9800000468** 

ANTHONY ARMS & ACCESSORIES, L.P.

FILED 99 APR 13 PM 2: 29



Mailing Address 71 NORTH MOUNT VERNON AVENUE UNIONTOWN PA 15401	Principal Office Address  71 NORTH MOUNT VERNON AVENUE UNIONTOWN PA 15401		3. Date Formed or Registered 07/21/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$485,000.00	
DECRIOTE IN 1940)	UNIONIOWA PA 15401		3a, Date of Last Report	5h	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLOR/DA to date:	
2. Mailing Address	2a. Principal Office Address		PA		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable	
Zip Country	Zıp	Z <sub>I</sub> p Country		Status Desired \$8.75 Additional Fee Required bayable to Dept. of State (See reverse side for fee informaling the state of	
0 11 11 11 11 11 11 11 11 11 11 11 11 11			10, If changed, new Registered	Acent/Office	
9. Name and Address of Current Registered Agent SHAVER, MARY CAROL 3800 N. POWERLINE POMPANO BEACH FL 33073		Name Street Address (P.O. Box Number is Not Acceptable) 2 4 2 7 5 3			
					Suite, Apt #, etc
				l	
		City	in a second and a law in the law of the	FL Zip Code	
agent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointment  A GENERAL PARTNER TH	ce or registered agent, or both, in the State of gations of section 620, 192; Florida Statutes int)	named limited partnersh I Florida Such change v	was authorized by its general partner(s) 1 heret  DATE  PARTNERSHIP OR OTHE	FL	
for the purpose of changing its registered offingent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ce or registered agent, or both, in the State of gations of section 620.192, Florida Statutes int)  IAT IS A CORPORATIO STATE REGISTERED	named limited partnersh I Florida Such change v  N, LIMITED I  AND ACTIVE	was authorized by its general partner(s) 1 heret  DATE  PARTNERSHIP OR OTHE	FL State of Florida, submits this statement of accept the appointment of registered ER BUSINESS ENTIT	
for the purpose of changing its registered offi agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE M	ce or registered agent, or both, in the State of gations of section 620, 192, Florida Statutes int)  AT IS A CORPORATIO IUST BE REGISTERED	named limited partnersh I Florida Such change v  N, LIMITED I  AND ACTIVE  AND ACTIVE  De Box Numbers)	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE.	FL : State of Florida, submits this statemen by accept the appointment of registered  ER BUSINESS ENTIT	
for the purpose of changing its registered offinagent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointment  A GENERAL PARTNER TH  M  11. Name(s) of General Partner(s)	ce or registered agent, or both, in the State of gations of section 620.192, Florida Statutes  INTERPORT OF THE PROPERTY OF T	N, LIMITED F AND ACTIVE oneral Partner DE BOX Numbers)  DW ROAD	DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  11b. City, State & Zip Code	FL State of Florida, submits this statement by accept the appointment of registered  ER BUSINESS ENTIT	

12. Ido 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 T release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Willen & Kanis

DATE

415199

Daytime Telephone Number

CK2E003 (12/9)