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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F51957 1. Corporation Name

ARMCOR CORP.

741111001							
Principal Place	e of Business	Mailing Address			- (3001)40 (10) 0100 (1040 7010) 0101 1400 010	** ***** ***** *****	1914 84813 1881
		713 S. ORANGE AVE.			* *		
SARASOTA FL 34236-7717 SARASOTA		SARASOTA FL 34236-7717	ASOTA FL 34236-7717		DO NOT WEITE IN TI	US SDACE	
					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					10/29/1981	11.	"
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	plied For	
21 26				59-2137229		t Applicable	
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22 27						·	
City & State City & State				6. Election Campaign Financing	\$5.00		
23		28	0		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		Пма
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Cu	irrent Registered Agent	81	Nama	10. Name and Address of New Registere	ed Agent	
MED	CURIO IOHN I		0 1	Name			
MERCURIO, JOHN J. 713 S. ORANGE AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TE 303-B		83				21210
SAR	ASOTA FL 33577		84	City	(1) 2 () () () () () () () () ()	85 Zip C	Code
125 1 1 1					F		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508. Florida Statute	s the above	e-named corpo	ration submits this statement for the purpose	of changing its	registered
office or r	registèred agent, or both, in the S	tate of Florida. Such change was au bligations of, Section 607.0505, Flori	thorized by	the corporation	n's board of directors. I hereby accept the app	pointment as rec	gistered
office or r	registered agent, or both, in the S im familiar with, and accept the ob	tate of Florida. Such change was au bligations of, Section 607.0505, Flori	thorized by ida Statutes.	the corporation	n's board of directors. I hereby accept the app	pointment as reg	gistered
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90004 023 ***150.00