

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F93000003157 (5)**

1. Corporation Name

MOSSBERG SAFE SYSTEMS, INC.

Principal Place of Business

**C/O O.F. MOSSBERG & SONS, INCORPORATED
7 GRASSO AVE.
NORTH HAVEN CT 06473**

Mailing Address

**C/O O.F. MOSSBERG & SONS, INCORPORATED
7 GRASSO AVE.
NORTH HAVEN CT 06473**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

06-1364311

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 filed if applicable

(NOTE: Register Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MOSSBERG, ALAN A
7 GRASSO AVE.
NORTH HAVEN CT 06473**

☐ DELETE

1.1.E
1.2.ME
1.3.EET ADDRESS
1.4.Y - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
NICHOLS, GEORGIA L
7 GRASSO AVE.
NORTH HAVEN CT 06473**

☐ DELETE

2.1.E
2.2.ME
2.3.EET ADDRESS
2.4.Y - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MOSSBERG, JONATHAN
7 GRASSO AVE.
NORTH HAVEN CT 06473**

☐ DELETE

3.1.E
3.2.ME
3.3.EET ADDRESS
3.4.Y - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MOSSBERG, A. IVER
7 GRASSO AVE.
NORTH HAVEN CT**

☐ DELETE

4.1.E
4.2.ME
4.3.EET ADDRESS
4.4.Y - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TAS
SCHONER, WILLIAM H
7 GRASSO AVE.
NORTH HAVEN CT 06473**

☒ DELETE

5.1.E
5.2.ME
5.3.EET ADDRESS
5.4.Y - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1
6.2
6.3.EET ADDRESS
6.4.Y - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the option 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.

SIGNATURE:

Brian K Klanika

4/22/98

CR2E034 (10/97)