FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 F9400005688 (6) **DOCUMENT #**

ARMADA, INC.



				- INCOMENTAL PARTE AND				
Principal Place of Business Mailing Address								
2627 MOHAWK West Palm Be	CIRCLE EACH FL 33409	2627 MOHAWK CIRCU West Palm Beach	.E Fl 33409					
SAPPLE LIPPLE PRINCES LE GALLA					3. Date Incorporated or Qualified 11/02/1994 3a. Date of Last Report 04/27/1995		95	
B. Dissiliat Divis	o of Businese	2a. Mailing Address			4. FEI Number		Applied For	
Principal Place of Business		26			00 0207020		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	- ree nequired			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	☐ Add	00 May Be ed to Fees	
23 Zip	Country	Zip	Countr	у	8. This corporation has liability for	intangible tax under	s 199.032,	
24	25	29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
<u></u>	9. Name and Address of Curre	ent Registered Agent		I Nome	10. Name and Address of New F	1081310100 viBarre		
			81			-1-1		
JONES,	ALTON E		82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
2827 MO	HAWK CIRCLE ILM BEACH FL 33409		83					
TIEO! FA	Pul artout from		8	4 City		FL 85	Zip Code	
			1	·	oration submits this statement for the pu and of directors. I hereby accept the app	al abanaina it	s registered office	
SIGNATURE .	ad agent, or both, in the State of his n, and accept the obligations of, Sc Signature spect or protect make of replaced in OFFICERS A		INOTE Bisgistered A.	jeot sąpature ospir	as what remelating ADDITIONS/CHANGES 10 OF	DATE FICERS AND DIREC	TORS IN 12	
12.	PT	☐ DELETE	1 1 11/1	E		☐ Chang	je 🔲 Addition	
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CITY - ST - ZIF			- Eurojehad and	doce not oual	fy for the exemption stated in Section 1	19.07(3)(k), Florida S	tatutes. I further	

14. I do 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. 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 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 certify that I am an officer or director of the corporation of the receiver or trusted 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 or an affactment with an address

SIGNATURE:

ALTON E. JONES

E AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR