

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H28221** (0)

1. Corporation Name

SHOOTERS OF NORTH MIAMI BEACH INC.



Principal Place of Business

Mailing Address

**3969 N.E. 163RD ST.
NORTH MIAMI BEACH FL 33160
US**

**% REGIS MOREAU
3033 N.E. 32ND AVE.
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified
10/20/1984

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **3033 N.E. 32nd Ave.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

FT. LAUDERDALE FL

24 Zip Country

29 Zip Country

33308

30

4. FEI Number

59-2479183

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOREAU, REGIS
3033 NE 32 AVENUE
FT. LAUDERDALE FL 33308**

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 of officer or printed name of registered agent and State of Florida

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MOREAU, REGIS**
STREET ADDRESS **3033 NE 32 AVENUE**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **VTD
LAHAYE, AUREL**
STREET ADDRESS **3033 NE 32 AVE**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **SD
BURGE, MELVIN**
STREET ADDRESS **3033 NE 32 AVE.**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D
MARANDA, ROLAND**
STREET ADDRESS **3033 NE 32 AVE**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

954-566-3044

Date

Daytime Phone #

CR2E034 (12/95)