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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90010 013 ***150.00 Katherine Harris

1. Corporation	MENT # H54385 ARMS, INC	5				
Principal Place	e of Business	Mailing Address			- I IND(D)) BION BINKS BLOOM HINDL IDSOLUT	HE BERTH MEDIE DEREN MEDIE REBTH MEDIE 1009
Principal Place of Business Mailing Address 11710 SCHAEFER LN. 11710 SCHAEFER LN.						
LAKE WALES FL 33853 LAKE WALES FL 33853					,	
	•				DO NOT WRITE I	N THIS SPACE
		•			3. Date Incorporated or Qualifed	
2 Data da al D	Upon of Durings	2a. Mailing Address			04/26/1985 4. FEI Number	Applied For
					59-2539348	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible
24	25		30		Personal Property Tax.	☐ Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent
eCH	AEFER, SYLVESTER J.	,	81	Name	* 4	
11710 SCHAEFER LN.				Street Addr	ess (P.O. Box Number is Not Acceptable) .
LAKE WALES FL 33853			83			
Dave	17,420,12,0000		63		·	<u></u>
			84	City		FL 85 Zip Code
44 5	007.05	00 LOOT 4500 Florido Ctatuto	a the chave	named com	oration submits this statement for the pur	
office of f	edictored accept or both in the State	of Florida, Such change was all	IINONZAA DV I	he corporation	on's board of directors. I hereby accept the	e appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.		•	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent	signature required	d when reinstating)	DATE .
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SCHAEFER, SYLVESTER J.		1.2 NAME		•	
STREET ADDRESS	11710 SCHAEFER LN.	•	1.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST	-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	_SCHAEFER, ANN B.	* •	2.2 NAME	. _	-	• •
STREET ADDRESS	11710 SCHÄEFER LN.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2. 4 CITY-ST	r-ZIP		
TITLE .	VPD	☐ DELETE	3.1 TITLE			Change
NAME .	BURNS, VICTORIA A.		3.2 NAME		11 Viatagy 11)4	
STREET ADDRESS	2035 W VICTORY WAY		3.3 STREET	ADDRESS 8	40 W. VICTORY WA	١
CITY-ST-ZIP	CRAIG CO	□ SCIETE	3.4. CITY-ST	- ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET		•	,
CITY-ST-ZIP		DELETE	4.4 CITY-ST	- LIP		Change Addition
TITLE		☐ DEFE!E	5.1 THE 5.2 NAME			
NAME			5.3 STREET	ADDRESS		
STREET ADDRESS	A BRICK STAR		5.4 CITY-ST			
CITY-ST-ZIP!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITLE	-		☐ Change ☐ Addition
	Salah Carlo de Turk		6.2 NAME	\ .		- · -
STREET ADDRESS			6.3 STREET	ADORESS		
OTTICE I ADDRESS			64 CITY-ST	1		· ·

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.