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

DOCUMENT #
1. Corporation Name L37614

(9)

E & J GUNS, INC.					
Principal Place	of Business	Mailing Address			A184 GIQIT BIDIT BIDIT BIBIT GIBIT BIBIT 1684
2551 STATE I	RD 84	2551 STATE RD 84 FT LAUDERDALE FL :	33312		
				3. Date Incorporated or Qualified 12/18/1989	3a. Date of Last Report 02/07/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26 1408 NW ST	H STREET	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28 DANIA, FLO	RIDA	Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	
24	25	29 33004	30 BROWARD		X No
	9. Name and Address of Curr	rent Hegistered Agent	81 Name	10. Name and Address of New F	egistered Agent
1464 1444	O PLAINE N				
	is, elaine m Prthwest 9th Street		82 Street Addr	ress (P.O. Box Number is Not Acceptab	vie)
SUITE 2			83		
DANIA F	• •		94 (0)		65 Zo Codo
3 7 4 4 1 1			84 City		FL 85 Zip Code
SIGNATURE	h, and accept the obligations of, So Signature typed or protect han a of registers to	पुल्या अंतर्य प्राप्ति विद्युप्ति अस्त । । । । । । । । । । । । । । । । । । ।	ant Fogisterion Agent's photos negare		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD WILLIAMS, JOHN	☐ DELETE	1 1 tire#		Change Addition
NAME STREET ADDRESS	2551 STATE RD 84		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1 4 CITY - ST ZIP		
TITLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	WILLIAMS, ELAINE		2 2 NAME		
STREEL ADDRESS	2551 STATE RD 84		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 C(1Y - ST - 21P		
TiTLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF TITLE	/ 	T) DELETE	3.4.C(TY-ST-Z)F 4.1.T(TLF		Change Addition
NAME			4.2 NAME		, J
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST ZIP		DELETE	6 1 TITLE		Change
NAME		ال مردر اد	62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP		•	64 CITY - ST - ZIP		
14. I do hereb	y certify that the information supplie	ed with this filing is voluntarily fur	mished and does not qualify i	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that oath; that	the information indicated on this a liam an officer or director of the co	innual report or supplemental an progration or the receiver or trust	inual report is true and accura- see empowered to execute to	ate and that my signature shall have the iis report as required by Chapter 607, F	same legal effect as if made under lorida Statutes; and that my name
	Block 12 or Block 13 if changed,				,
010111	11DE 1002 C	A. 1. 10	ELAINE M. W	ILLIAMS 4/29/96	05/1,020,2074
SIGNAT	SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	122/30	954-920-3071