SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** M51062 (1)STEVE FISCHER GUNSMITHING, INC. Principal Place of Business Mailing Address 4235 SW 75 AVE. 4235 SW 75 AVE 653602 653602 MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 3a, Date of Last Report 04/27/1987 05/23/1995 2. Principal Place of Business 2a, Mailing Address 4 FEI Number Applied For 21 59-2802561 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Cert-ficate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žιρ Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, STEVEN A. 4235 S.W. 75TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 City Zip Code 85 FL 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 noveby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature (great or printed name afrequenced agent and the if applicable (PDI) Registere I Agent signature required when he excitory 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) TITLE DELETE 1.1 TITLE Change Addition NAME FISCHER, STEVEN A. 1.2 NAME CR2E034 STREET ADDRESS 12831 SW 47 ST. 1.3 STREET ADDRESS CITY - ST-ZIP MIAMI FL I 4 CITY - ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - ST - ZIP TITLE DELETE 3 1 TIFLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4 1 THLF Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - 7:P TITLE DELETE 5.1 TiTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-7/P 64 OTY - \$1-7P 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 Appremental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the confolation or the receiver for trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 oxidios 13 if changed, by on an attachment with an address 35-261-182.0 SIGNATURE: