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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M51062

(1)

STEVE FISCHER GUNSMITHING, INC.

**FILED** May 19 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			T LONGO HAT ON ON THE ANTER OLUMP 1904 DADED	AINN AISIL DIBN AIDN AIBN IODA
4235 SW 75 AVE.		4235 SW 75 AVE.				
653602   MIAMI FL 33155		653602 MIAMI FL 33155		DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified	
O Delevativat D	No Consideration	11.61 13.10			04/27/1987	
<b>⊢</b> '	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-2802561	Not Applicable  \$8.75 Additional	
City & State		27		5. Certificate of Status Desired	Fee Required	
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	<b>Zip</b> Country Zip		Country		8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent
FISCHER, STEVEN A.			81	Name		
1	35 <b>S.</b> W. 75TH AVE.		82 Street Add		Address (P.O. Box Number is Not Acceptable)	
I WIL	AMI FL 33155		83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	e-named	corporation submits this statement for the nurnos	e 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE			The States			
SIGNATORE	Signature: typied or photesticanse of a general agen-	and the diapplicable. (NOTE	Registered Age	nt signature	required when reinstating) DAT	TE .
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D STOCKED OF STATE A	☐ DELETE	1.1 TITLE			Change Addition
NAME	FISCHER, STEVEN A.		1.2 NAME	1		
STREET ADDRESS	12831 SW 47 ST.		1.3 STREET	j		
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	14 CITY-S	T-ZIP		Chongs   Addition
NAME			21 THTLE 22 NAME			Change Addition
STREET ADDRESS			2.3 STREET	AUDDEGG	•	
CITY-ST-ZIP			2.4 C/TY-5			
TITLE		DELETE	3.1 TITLE	91 - ZIF		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE1	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	1-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		[_] DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP		DOUGTE	5 4 CITY - S	T-7IP		
TITLE		☐ DELETE	61 1171.			L. Change L. Addition
NAME DIOCET ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	certify that the information supplied will	this filing does not availify for	6.4 CITY-S		t in Section 119 07(3)(i) Florida Statutos I furthe	r certify that the information
14. I hereby certify that the information supplied with this filing does not cyalify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arrural report or suppliemental arroual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect as if made under oath; that I am an effect of the same legal effect o						
officer or director of the corporation of the receiver or trustor empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address						