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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M61248

(4)

FILED May 14 1997 8:00am Secretary of State

THE OUTLAW, INC. Principal Place of Business Mailing Address 4119 N STATE RD. 7 SUITE 128 FT. LAUDERDALE FL 33319 Mailing Address Mailing Address 4119 N STATE RD. 7 SUITE 128 FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319								
US		US			 Date Incorporated or Qualified 10/22/1987 		ate of Last F 12/1996	eporl
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			oplied For
H		26			65-0012433		No	ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Cerlificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip 24	Country 25	Ζφ 29	Country 30	У	This corporation has liability for Florida Statutes	r in ringible Y Yes	tax under s	. 199.032
	9. Name and Address of Curren		1931	· , , , , , , , , , , , , , , , , , , ,	10. Name and Address of New R			
SELMONSKY, LARRY			81	Name				
4119 N. STATE RD. 7, SUITE 128 FT. LAUDERDALE FL 33319		82 Street		<u> </u>	ress (P.O. Box Number is Not Accepta	able)		
			84	<u> </u>		FL	85 Zip	Code
Office of reg	gistered agent, or pour, in the state	of Florida. Such change was	authorized b	y the corporat	tion's board of directors. I hereby acc	ept the app	pointment as	registered
SIGNATURE S	Signature, lypod or printed name of registored agei	nd and title if applicable (NC	He Begistered Ag		poration submits this statement for the tion's board of directors. I hereby according when relistering	DATE		
SIGNATURE S	Ignature, lypod or printed name of registored ago OFFICERS AND	nd and title if applicable INC D DIRF CTORS	HE Registered Ag			DATE	DIRECTOR	RS IN 12
SIGNATURE S	Signature Typod or printed name of registered ago OFFICERS AND	nd and title if applicable (NC	13.		ired when reinstating)	DATE		RS IN 12
SIGNATURE S	Ignature, lypod or printed name of registored ago OFFICERS AND	nd and title if applicable INC D DIRF CTORS	18: Birgistered Ag 13. 1.1 THE 1.2 NAME		ired when reinstating)	DATE	DIRECTOR	RS IN 12
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14. I do 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 of type in 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 contractor of

CICNIATUDE.

LARRY CELMON

- locall y/z/2

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