FOR PROFIT (UNIFORM BUSINI	=		SECOND FILED
DOCUMENT # PO1000	116371		SECRETARY OF STATE OIVISION OF CORPORATIONS
1. Entity Name GRAY NOW, IN C			
			2002 JUN -6 AM 11: 07
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business WIND Ammo Res	3. Mailing Address	e-WINDSOMME	Pert
401-1481 McGREGOR BL	Suite, Agt. #, etc.	e - WINDS, OMANNE 1USI McCarres	DO NOT WRITE IN THIS SPACE
FF MYLDS, FL	Gity & State	L , L	4. FEI Number Applied For Not Applicable
33908 Country	33908	Country	5. Certificate of Status Desired
a The same with the same and th	مرشي وجودات والمساوية الماسات	Name \	7. Name and Address of Current Registered Agent
DO NOT W	RITE	70	ICT LAWKUM (P.O. Box Number is Not Acceptable)
IN THIS SP	-,	Sileer Address	
IN THIS SE	ACL	534 5	W. 35th Terrace
		CityCAPE	CORAL FL Zip Code \$ 3590 8
8. The above named entity submits this statement for SIGNATURE Signature, type-for printed name of registered agent.	ered agent, or both, in the State of Florida. Le/2/0 2 ed when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND	After May Amended Make Check Payab	lay 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 lie to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE PRES	· · · · · · · · · · · · · · · · · · ·	THILE	5000052264256
NAME STREET ADDRESS JOKE FAMUEL	l,	NAME	5000057264256 5000057264256 500005726425602
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME JORC FAMILE FIRE STREET ADDRESS STREET STREE	TEPPARE	STREET ADDRESS CITY-ST-ZIP	****150.00 ****150.00
1	33914	TITLE	
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		_CITY_ST-ZIP	The state of the s
TITLE		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP TITLE	1224	CITY-ST-ZIP	
NAME		TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	155 17 2002

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

6/2/0V

239 4664144

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME