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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000028259

BRITANNIA ARMS, INC.

Principal Place	e of Business	Mailing Address			-	0 <b>3</b> 111
2401 N. FEDERAL HWY.		2401 N. FEDERAL HWY.		·		
BOCA RATON FL 33431		BOCA RATON FL 33431		•		
		US			IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					04/15/1993	· · · · · · · · · · · · · · · · · · ·
<b>—</b>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0403716	Not Applicable
		Suite, Apt. #, etc.	uite, Apt. #, etc.			\$8.75 Additional Fee Required
22 City & State		City & State		C. Floriton Compoint Financing	\$5.00 May Be	
City & State City & State		28			Election Campaign Financing     Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the curren	
24	25	— · _	30 ´		Personal Property Tax.	☐Yes ☐No
27	9. Name and Address of Current	11	<del></del>		10. Name and Address of New Reg	gistered Agent
			81	Name		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FERY S. GEROW		82	Stroot Addro	ess (P.O. Box Number is Not Acceptable	<u> </u>
	O'N: FEDERAL HWY.		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)
	. 307 B		83		(1) 20 9 5 5 11 34 36 36 3	16.19.10.10.10.10.10.10.10.10.10.10.10.10.10.
BOC	CA FL 33431		-	0.1	1100 1100 1100 1100 1100 1100 1100 110	85 Zip Code
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	L e-named corpo	oration submits this statement for the pu	rpose of changing its registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was aut	thorized by	the corporation	oration submits this statement for the pun's board of directors. I hereby accept t	rpose of changing its registered the appointment as registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was aut	thorized by	the corporation	oration submits this statement for the pun's board of directors. I hereby accept t	rpose of changing its registered the appointment as registered
office or no agent. La	egistered agent, or both, in the State o	of Florida. Such change was aut ons of, Section 607.0505, Floric	thorized by da Statutes	the corporation	oration submits this statement for the pun's board of directors. I hereby accept to when reinstating	rpose of changing its registered the appointment as registered
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office or no agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligati  Signature, typed or printed name of registered agent  OFFICERS AND	ons of, Section 607.0505, Floric and title if applicable. (NOTE: R	thorized by da Statutes Registered Ager	the corporation	n's board of directors. I hereby accept to the state of t	DATE
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14. I 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 or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90045 045 \*\*\*150.00