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 #

P93000040436 (6)

FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90002 014 ***150.00

1. Corporation	Name											
710 F	ARMS, IN	C.							٠		10 .	3.5
710 1	, <u></u>	٠.								;- <i>î</i>	To provide	
Principal Place	of Business		Ma	ailing Address					r m			57.
		. =		•	t a	7		l				
16213 State Road 7 16213 State Ros Suite 201 Suite 201									DO NOT WRI	TE IN THIS	SPACE	
Delray Beach FL 33447 Delray Beach I							3447		3. Date Incorporated or Qualifed			
,				•					06/08/1993			
2. Principal Pla	ace of Business		Za. Mailing Address					4. FEI Number	~	A	pplied For	
8088 NW 84th Avenue				26 8088 NW 84th Avenue					59-3188487		N.	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					E. Cartifacto of Status Desired		¥	Additional
22		27	27					5. Certifcate of Status Desired		Fee R	equired	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be				
23 Parkla	ınd, FL	28	1					Trust Fund Contribution Added to Fees				
Zip Country				L '			Country		8. This corporation owes the current year Intancible			
24 33067		US	29	33067	30	<u>US</u>			Personal Properly Tax			□No
	9. Name an	d Address of Curren	t Regis	tered Agent		04	1 11		10. Name and Address of New f	<u> Registere</u> a	Agent	
Neill, Kenneth L.							⁸¹ Name Patrick Stanley					
162						ss (P.O. Box Number is Not Accept	able) 👍					
Suite 201									<u>88 NW 84th Avenue</u>			
Delr	av Beach	FL 33447				83			_			ļ.
						84	84 City Parkland FL				85 Zip	Code RO67
			2	07 1509 Florida Slat	ulae tha	above	a camed		alian automita this statement for the	D) KOOEE O	Lchanging its	s registered
11. Pursuant i	ib lite brovision egistered agent	s of Sections 607.050 , of both, in the State	of Floric	ia. Such change was	authorize	d by	the corpo	oration	's board of directors. I hereby acce	pt the appo	intment as re	egistered
agent. I ai	m (amiliar with,	and accelor the obliga	tions of,	, Section 607.0505, F ∠1	·lorida Sta	itules				4/3	n/99	1
SIGNATURE	$\Delta \Omega$	winded figure of registered age	. V	d applicable (NO	1E Register	nd Appr	nt signahare (equired v	when reinstaling)	DATE	-///	\
12,	Signature, typou or t	OFFICERS AN		_1	13				ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12
TITLE	D			(X) DELETE	1.1	TITLE					☐ Change	[]] Addition
NAME	-	Kenneth L.			12	NAME						j
STREET ADDRESS			13:	1 3 STREET ADDRESS						1		
STREET ADDRESS 3900 Oak Hammock Later Ft. Pierce FL 34981							1.4 CITY-ST-ZIP					
HUE	D			☐ DELETE	2.1	TITLE					Change	[]] Addition
NAME	Stanley	, Patrick W	_		2.2	NAME		}				{
STREET ADORESS		Coco Plum Ro			2.3	STREE	T ADDRESS					
CITY-ST-ZIP		each Gardens		33418	2.4	CITY-S	ST-ZIP					
TITLE	D			₩ DELETE	3.1	TITLE					Change	Addition
HAME	Overtor	, Larry D.			3.2	NAME						1
SIREET ADDRESS			ana1	Road	33	STREE	T ADDRESS					
CITY-ST-ZIP	Loxahat	Collecting C chee FL 33	<u>470</u>		34.	CITY-5	ST-ZIP					
TIFLE				☐ DELETE	41	TITLE		ļ			Change	Addition [
NAME					4.2	NAME						1
STREET ADDRESS					43	STREE	TADDRESS					}
CITY-ST-ZIP					44	CITY-S	T-2 : P					
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STREET ADDRESS							T ADDRESS					
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THILE]			DELETE		THLE					Change	: Addition
HANE					l	NAME		1				
STREET ADDRESS					63	STREE	T ADDRESS	1				ļ
1	1					MITU E	מער די					ì

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 inchanged, or on an attachment with an address, with all other like empowered.

RINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: