FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057702 (1)

1. Corporation Name
HOMA ARCHERY INC

Principal Place of Business
1791 BLOUNT ROAD
BAY 901
POMPANO BEACH FL 33069

Mailing Address
1791 BLOUNT ROAD
BAY 901
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1420 NW 2nd Ave	2a. Mailing Address: 26 1420 NW 2nd Ave
Suite, Apt. #, etc. 22 suite #1	Suite, Apt. #, etc. 27 suite #1
City & State 23 BOCA RATON, FL.	City & State 28 BOCA Raton, FL
Zip 24 33486 / Country 25 –	Zip 29 33486 / Country 30 –

3. Date Incorporated or Qualified: 08/17/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KHOSHNOOD, BAHRAM
1791 BLOUNT ROAD
BAY 901
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: KHOSHNOOD BAHRAM
82 Street Address (P.O. Box Number is Not Acceptable): 1420 NW 2nd AVE
83 suite #1
84 City: BOCA RATON, FL 85 Zip Code: 33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE B. Khoshnood BAHRAM KHOSHNOOD 04-28-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	P ☑ Change ☐ Addition
NAME	KHOSHNOOD, BAHRAM	1 2 NAME	KHOSHNOOD BAHRAM
STREET ADDRESS	1791 BLOUNT ROAD, BAY 901	1 3 STREET ADDRESS	1420 NW 2nd Ave suite #1
CITY-ST-ZIP	POMPANO BCH. FL	1 4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: B. Khoshnood BAHRAM KHOSHNOOD 04-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #: (407) 391-6516

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