FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCU!	MENT # P930	00060213	(4)		
,	ORANGE GUN RANGE, I	NC.			
	, , , , , , , , , , , , , , , , , , ,				
Principal Place	of Business	Mailing Address			
7210 GAR	NER ST.	1411 SOPHIE BLV	D.		
STE 103 WINTER PA	NRK FL 32792	ORLANDO FL 328	28		
US	and the derive				ale of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		08/24/1993 4. FEI Number	05/01/1995
21			GARDNER ST.	59-3197288	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	• .	5. Certificate of Status Desired	\$8.75 Additional
City & State		27 STE City & State	03		Fee Required
23	7	28 WINTER	PARK FL	6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24]	Country	Zip	Country	8. This corporation has liability for intangible	
24	9. Name and Address of Curre	nt Registered Agent	30 <i>U</i> S	Florida Statutes Yes No 10. Name and Address of New Registere	d Agont
			81 Name	To, Nume and Address of their fregistere	o Agent
	MS, LISA		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	OPHIE BLVD.		83		· · · · · · · · · · · · · · · · · · ·
UHLAN	IDO FL 32828		03		
			84 City	F	85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the above-named corpor	ration submits this statement for the purpose of c rd of directors. I hereby accept the appointment a	
familiar wit	n, and accept the obligations of, Sec	tion 607.0505, Florida Statut	es.	of directors. I hereby accept the appointment (as registered agent. I am
SIGNATURE	Signature, typed or printed manie of registered agen	it and stic if accidable	NOTE: Registered Agent's greature require	Ewise renstating	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
THE	D	DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	WILLIAMS, RONALD 1411 SOPHIE BLVD.		1.2 NAME		
C-17 - \$1 - ZIP	ORLANDO FL 32828		1.3 STREET ADDRESS		
TIFLE	D		1.4 CHY CL 700		
NAME	U	DELETE	1.4 CHY+SE-ZIP 2 1 TIFLE		Change
STREET ADDRESS	WILLIAMS, LISA	☐ DELET€			Change Addition
OTTICET MODIFICAS	WILLIAMS, LISA 1411 SOPHIE BLVD.	DELETE	2 1 HILF		Change Addition
CHY-ST ZIP	WILLIAMS, LISA		2 1 THE F 22 NAME 23 STREET ADDRESS 24 CHY+ST-Z.P		☐ Change ☐ Addition
CHY-ST ZIP TITLE	WILLIAMS, LISA 1411 SOPHIE BLVD.	☐ DELETE	2 1 THE F 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 THEF		Change Addition
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CHY-ST ZIP TITLE NAME STREET ADDRESS	WILLIAMS, LISA 1411 SOPHIE BLVD.		2 1 THE F 22 NAME 23 STREET ADDRESS 24 CHY-SI-7-P 3 1 THE 32 NAME 33 STREET ADDRESS		
CHY-ST ZIP TRILE	WILLIAMS, LISA 1411 SOPHIE BLVD.		2 1 THE F 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 THEF 32 NAME		Change Addition
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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 attrachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date 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 attrachment with an address.

SIGNATURE:

Date of this 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 attrachment with an address.

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2-28-96 407-679-1995