

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000018152 (5)**

1. Corporation Name

FIREARMS PROFESSIONALS OF FLORIDA, INC.



Principal Place of Business 15311 NW 4TH STREET PEMBROKE PINES FL 33028	Mailing Address 15311 NW 4TH STREET PEMBROKE PINES FL 33028-1804
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2. Principal Place of Business 13105 NW 42 AVE Suite, Apt. #, etc.		2a. Mailing Address 13105 NW 42 AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/06/1995	3a. Date of Last Report 10/21/1996
22. OPALOCKA FL 33054 City & State	27. OPALOCKA FLA City & State	4. FEI Number 65-0565967		Applied For <input type="checkbox"/> Not Applicable	
23. 33054 Zip	28. DADE Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 33054	25. DADE	29. 33054		30. DADE	

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 18TH STREET FORT LAUDERDALE FL 33311		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code FL	

11. Pursuant to the provisions of Sections 607.0507 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 **JOSEPH ELOSEGUI** **1-8-97**
Signature typed in full name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELOSEGUI, JOSEPH A	1.2 NAME	
STREET ADDRESS	15311 NW 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	1.4 CITY-ST-ZIP	
TITLE	CM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVILA, PETER A	2.2 NAME	
STREET ADDRESS	15311 NW 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOSE I. ELOSEGUI
STREET ADDRESS		3.3 STREET ADDRESS	3447 NW Flagler Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33125
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP
STREET ADDRESS		4.3 STREET ADDRESS	WALFREDO MARTIN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	15311 NW 4 St
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	Pembroke Pines, FL 33028
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: **JOSEPH ELOSEGUI** **1-8-97** **305-0850102**
Signature typed in full name of signing officer or director Date Daytime Phone *