

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 13105 NW 42 AVE OPALOCKA FL 33054 US	Mailing Address 13105 NW 42 AVE PEMBROKE PINES FL 33054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1995	
21 Suite, Apt #, etc.	26	27	28	4. FEI Number 65-0565967	Applied For Not Applicable
22 City & State	29	30	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	32	33	34	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	35	36	37	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH 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 (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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D
NAME	ELOSEQUI, JOSEPH A	12 NAME	ZULEYKA LOON
STREET ADDRESS	15311 NW 4TH STREET	13 STREET ADDRESS	1635 WEST 44 PL #
CITY - ST - ZIP	PEMBROKE PINES FL 33028	14 CITY - ST - ZIP	MIAMI FLA 33012
TITLE	CM	21 TITLE	
NAME	DAVILA, PETER A	22 NAME	
STREET ADDRESS	15311 NW 4TH STREET	23 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL 33028	24 CITY - ST - ZIP	
TITLE	VP	31 TITLE	
NAME	MARTIN, WALFREDO	32 NAME	
STREET ADDRESS	15311 NW 4 ST	33 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 registered 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: _____ **4-19-98** **308/685-12102**

CR2E034 (10/97)