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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000019619 (2)

ARMS DEPOT, INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 413 S. FEDERAL HIGHWAY 413 S. FEDERAL HIGHWAY STUART FL 34994 STUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1995 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 65-0562612 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BAL SERA CLOUGH, DAN RAUL 413 S. FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 City STU ARX ctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered oblightings of Section 607 0505, Florida Statutes. Pursuant to the prov office or registered; (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE CLOUGH, DANIEL M BALSERA, RAUL E NAME 1.2 NAME 2085 NE OCAPI CT. 2690 Pinechest Lakes BLVD STREET ADDRESS 1.3 STREET ADDRESS JENSENS BCH. FL 34957 R. 54957 JENSEA BEACH CITY-ST-7IP 1.4 City - St - ZiP Change Addition DELETE 2.1 TITLE TITLE ROBINSON, STEVEN H. 2.2 NAME NAME 1601 CUTLASS ST. STREET ADDRESS 2.3 STREET ADDRESS PORT ST LUCIE FL 34953 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby certify that the information sympth d 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 supply invalation 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 trust of 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

SIGNATURE:

2/17/94