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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021433 (4)

KRESS ARMS, INCORPORATED

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Principal Plac		Mailing Address	<b>-</b>	a teerinest tie teine ettin eeftt eent eent eent tiet tiet tiet elet (1,66 tiit 100)
1420 MAIN STREET   SUITE 210   SARASOTA FL 34236		P.O. BOX 1974 VENICE FL 34284-1974		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1995 05/01/1996
2. Principal Place of Business 21		2a. Mailing Address 26 4376 Presid	en trad Ave. C	APPLIED FOR 65-0565918 Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		— \$9.75 Additional
Chu P. Stoto		27		5. Certificate of Status Desired Fee Required
City & State		City & State  28 Bradenton,	FL	6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zφ	Country	Trust Fund Contribution
24	25		30 manetee	e Florida Statutes ☐ Yes ☐ No
14141	9. Name and Address of Curren	nt Registered Agent	B1 Name	10. Name and Address of New Registered Agent
erada, territi			GOVIN I. KAJAN	
	ICE FL 34285		82 Street A	Address (P.O. Box Number is Not Acceptable) 76 Presidential Ave. Cir. E.
83			83	10 110 3000 1100 100 100
			84 City	B5 Zip Code
			- I BR	(HDFN 70N
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statuto o of Florida. Such change was a	s, the above-named a uthorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. i a	m amiliar with, and accept the oblig	lations of Section 607.0505, Fibi	Restutes abir	· Prosident 4/22/97
SIGNATURE	Signature, typod or printed name of registered age		Registered Agent signature	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .	☐ DELETE	1.1101.6	Director & President & Change & Addition
NAME	RAJAN, GOVIN   4376 PRESIDENTIAL AVE, CIRI	OLE EAST	1.2 NAME	
STREET ADDRESS CITY-ST-ZIP	BRADENTON FL 34203	OLE EAST	1.3 STREET ADDRESS	
TITLE	D	DELETE	1.4 CHY- ST- ZIP 2.1 HTLE	Change Addition
NAME	WALIA, HARRY		2.2 NAME	
STREET ADDRESS	1420 MAIN STREET SUITE 210	0	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	DELETE	2 4 CITY-ST-ZIP	
TITLE NAME		DELFTE	31 TITLE	Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZiP	
TITLE		☐ DELFTE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELF1E	4.4 C(TY - ST - Z(P	T Alexandra
NAME		LJ OLITIC	5.1 TITLE 5.2 NAME	Li Change Li Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addilion
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ov certify that the information supplie	d with this filing does not qualify	6.4 CITY-ST-7IP	tated in Section 119.07(3)(i), Florida Statutes, I further certify that the
1 am an oi	n muicaleo on mis annual moon or s	supplemental annual report is tru r the receiver or trustee empowe	ie and accurate and red to execute this re	that on section 119.07(3)(), Florida statutes, Florida certify that me i that my signature shall have the same legal effect as if made under oath; tha report as required by Chapter 607, Florida Statutes; and that my name