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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031532 (1)

| BRATTA | ANY FUN AND GUN, INC. | ` | • | |) | |
|--|--|---|---|--|---|--|
| Principal Place of Business Mailing Address | | | | | ים גווספס אוגפס זווזוס ופוסנ קונו ומסוונסטו ו | 0)11 79 700 17001 17001 20100 1710 1701 1701 |
| 20465 OLD CUTLER ROAD 7753 S.W. 184TH LANE MIAMI FL 33189 MIAMI FL 33157 | | | | | DO NOT WRITE | E IN THIS SPACE |
| US | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 04/21/1995 | |
| 2. Principal Place of Business 2a. Mailing Addre | | | | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0576453 | Not Applicable | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stato | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Count | У | 8. This corporation owes or has p | aid the current year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June | |
| | 9, Name and Address of Curr | ent Registered Agent | 8 | Name | 10. Name and Address of New R | egistered Agent |
| | SSELL, HARVEY A | | * | Name | | |
| 7753 S.W. 184TH LANE MIAMI FL 33157 | | | 8: | Street Add | ress (P.O. Box Number is Not Accepta | ble) |
| Mir | WI FE 3313/ | | 8: | 3 | | |
| ļ | | | | | | |
| | | | 8- | City | | FL 85 Zip Code |
| 11. Pursuant office or r agent. I a | egistered agent, or both, in the Sta m familiar with, and accept the obl | ate of Florida. Such change of ligations of, Section 607.050 | Statutes, the abo was authorized t 5, Florida Statute | ve-named corp by the corpora es. | poration submits this statement for the tition's board of directors. I hereby acce | purpose of changing its registered pt the appointment as registered |
| | | | (NOTE: Registered A | gent signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFI | DATE |
| 12. | D OFFICERS A | DELETE | | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFI | Change Addition |
| NAME | HESSELL, HARVEY A | | 1.2 NAME | l l | | |
| STREET ADDRESS | | | | T ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | 1.4 CITY- | ST-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | | | ! |
| STREET ADDRESS | | | 2.3 STRE | T ADDRESS | | |
| CITY-ST-ZIP | | Clorist | 2.4 CITY | | | Change Addition |
| TITLE | - The state of the | | 1 | \ \ \ | | C charge C Adoltion |
| NAME STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY | | | |
| THE | | DELETE | | | | Change Addition |
| NAME | | | 4. 2 NAM | E | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | • | i |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | T bereze | 54 CITY- | | | Channa |
| TITLE | | DELETE | 1 | 1 | | Change Addition |
| NAME DEDECT ADDRESS | | | 6.2 NAME | T ADDRESS | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP 14. I hereby o | certify that the information supplied | with this filing does not que | 6.4 CITY alify for the exem | ption stated in | Section 119.07(3)(i), Florida Statutes. | I further certify that the information |
| indicated officer or Block 12 | on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an pa | ntal annual report is true and acciver or trustee empowere luighment with at andress. | d accurate and t | hat my signatu s report as req | n Section 119.07(3)(i). Florida Statutes, ure shall have the same legal effect as quired by Chapter 607, Florida Statutes | if made under oath; that I am an ; and that my name appears in |