

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

FILED

Jan 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000068983 (1)

1. Corporation Name
BAGWELL'S TOP GUN, INC.



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| Principal Place of Business SCHREIBER, RODON-ALVAREZ, P.A. 890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 | Mailing Address SCHREIBER, RODON-ALVAREZ, P.A. 890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146-2803 |
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|---|--|--|--|---|---------------------------------------|
| 2. Principal Place of Business 21 1244 S. FEDERAL HWY. Suite, Apt. #, etc. | | 2a. Mailing Address 26 11750 S.W. 95 AVE. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/15/1996 | 3a. Date of Last Report |
| 22 City & State 23 FT. LAUDERDALE, FL | | 27 City & State 28 MIAMI, FL | | 4. FEI Number 65-0708029 | Applied For Not Applicable |
| 24 33316 25 USA | | 29 33176 30 USA | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 FT. LAUDERDALE, FL | | 28 MIAMI, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 33316 25 USA | | 29 33176 30 USA | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent SCHREIBER, GERHARDT A ESQ. SCHREIBER, RODON-ALVAREZ, P.A. 890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 | | 10. Name and Address of New Registered Agent 81 Name WILLIAM BAGWELL 82 Street Address (P.O. Box Number is Not Acceptable) 11750 S. W. 95 Ave. 83 MIAMI, FL 85 Zip Code 33176 | |
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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 *William Bagwell* **President** DATE **1/11/97**
(NOTE: Registered Agent signature required when reinstating)

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|---------------------------------------|-------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE <input type="checkbox"/> DELETE | NAME | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 1.2 NAME | WILLIAM BAGWELL |
| | | 1.3 STREET ADDRESS | 11750 S. W. 95 Ave. |
| | | 1.4 CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE <input type="checkbox"/> DELETE | NAME | 2.1 TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 2.2 NAME | JACK BAGWELL |
| | | 2.3 STREET ADDRESS | 629 SAN ANTONIO |
| | | 2.4 CITY-ST-ZIP | CORAL GABLES, FL 33146 |
| TITLE <input type="checkbox"/> DELETE | NAME | 3.1 TITLE | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 3.2 NAME | CYNTHIA BAGWELL |
| | | 3.3 STREET ADDRESS | 11750 S. W. 95 Ave. |
| | | 3.4 CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE <input type="checkbox"/> DELETE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 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: *Cynthia Bagwell* **CYNTHIA BAGWELL** 1/11/97 (954) 462-3100
SECRETARY

FILED 1/11/97