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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

P96000084496 (4)

D-ARMS, INC.

## **FILED** Apr 10 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |  |                     |  |   | 1001/E01 110 101/0 01/11 0031/ 001/11 004/31 | MATEL CALIC BIRTH ALBIA  | i i bii ( aii i i aa i |                   |
|--|--|---------------------|--|---|--|--|------------------------|-------------------|
|  | FATLANTIC BLVD.<br>RINGS FL 33065                                  |                     | 8951 WEST ATLANTIC BLVD.<br>CORAL SPRINGS FL 33065 |   | DO NOT WRITE IN                              | THIS SPACE   |                        |                   |
|  |  |                     |  |   |  | 3. Date Incorporated or Qualified                                |                        |                   |
|  |  |                     |  |   |  | 10/09/1996   |                        |                   |
| L= '   | Place of Business  | 2a. Mailing Address |  |   |  | 4, FEI Number  | A                      | pplied For        |
| Suite, Apt.  | # alc  | 26 Suite Ant # ste  | Suite, Apt. #, etc.                                |   |  | 65-0705989 Not Applicable  |                        |                   |
| 22   |  | 27                  |  |   |  | 5. Certificate of Status Desired Service Fee Required            |                        |                   |
| City & Stat  | e  | City & State        | City & State                                       |   |  | 6. Election Campaign Financing                                   | \$5.00                 | May Be            |
| 23 28  |  |                     | 7  |   |  | Trust Fund Contribution  | Added                  | to Fees           |
| Zip  | Country  | Zip                 | <del>  </del>                                      |   |  | 8. This corporation owes or has paid the current year Intangible |                        |                   |
| 24   | 25   29   30   9, Name and Address of Current Registered Agent     |                     |  | Personal Property Tax due June 30.  Yes  No  10. Name and Address of New Registered Agent |  |  |                        |                   |
|  |  |                     |  |   | Name   | (U, Hame and Address of New Registr                              | area Wheur             |                   |
| BUTTERMORE, CHRISTOPHER L 9825 W. SAMPLE ROAD, SUITE 201   |  |                     |  |   |  |  |                        |                   |
|  | iozo W. Sample Road, Suite 2<br>CORAL SPRINGS FL 33085             | :V1                 | 1  | 82  | Street Addre                                 | Address (P.O. Box Number is Not Acceptable)                      |                        |                   |
|  | THE OTTERIOR IS OCCUPANT.  |                     | Ī  | вз  |  |  |                        |                   |
|  |  |                     | Ī  | B4  | City   |  | FL 85 Zip              | Code              |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the literature of the provisions of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the provisions of Sections of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the section of the provisions of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the section of the provision of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the section of the provision of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the section of the section of the provision of Sections 607 0502 and 607 1508 Elevida Statutes, the above pages are stated as the section of the s |  |                     |  |   |  |  |                        |                   |
| 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  |  |                     |  |   |  |  |                        |                   |
| 12.  | Signature, typed or printed name of registered age<br>OFFICERS ANI |                     |  | Ager  | nt signature require                         |  | ATE                    |                   |
| TITLE  | D OFFICERS AND   | DELETE              | 13.<br>1.1 TITL                                    | F   | <del></del>                                  | ADDITIONS/CHANGES TO OFFICERS                                    | Change                 | AS IN 12 Addition |
| NAME   | SIEGEL, KENNETH  |                     | 1.2 NAM  |   | ŀ  |  | Onlarige               | ☐ Addition        |
| STREET ADORESS   | 8951 WEST ATLANTIC BLVE  | 1                   |  |   | ADDRESS                                      |  |                        |                   |
| CITY-ST-ZIP  | CORAL SPRINGS FL 33065   | <b>/</b> 1          | 1.4 City   |   |  |  |                        |                   |
| TITLE  | D  | DELETE              | 2 1 TITL   |   |  | ***************************************                          | Change                 | Addition          |
| NAME   | SIEGEL, CORA   |                     | 2.2 NAN  | 1E  |  |  | <u></u> ,              |                   |
| STREET ADDRESS   | 8951 WEST ATLANTIC BLVD  | ).                  | 2.3 STR  | EET A   | ADDRESS                                      |  |                        | [                 |
| CITY-ST-2IP  | CORAL SPRINGS FL 33065   | •                   | 2. 4 CIT   |   |  |  |                        |                   |
| TITLE  |  | ☐ DELETE            | 3.1 T(TL   |   |  |  | Change                 | Addition          |
| NAME   |  |                     | 3.2 NAM  | ŧΕ  |  |  | -                      | Í                 |
| STREET ADDRESS   |  |                     | 3.3 STR  | EET #   | ADDRESS                                      |  |                        |                   |
| CITY-ST-ZIP  |  |                     | 3.4. CITY-ST-ZIP                                   |   | 1-21P  |  |                        |                   |
| TITLE  |  |                     | 41 TITL  | 41 TITLE  |  |  | Change                 | Addition          |
| NAME   |  |                     | 4. 2 NAN   | Æ   |  |  |                        |                   |
| STREET ADDRESS   |  |                     | 4.3 STRE   | EET A   | address                                      |  |                        |                   |
| CITY-ST-ZIP  | · ZIP  |                     | 4.4 CITY - ST - ZIP                                |   | - ZIP  |  |                        |                   |
| TITLE  |  |                     | 5.1 TITLE  |   |  |  | ☐ Change               | Addition          |
| NAME   |  |                     | 5.2 NAM  | E   |  |  |                        |                   |
| STREET ADDRESS   |  |                     | 5.3 STRE   | ET A  | ADDRESS                                      |  |                        |                   |
| CITY-ST-ZIP  |  |                     | 5.4 CITY   | - 51  | - ZiP  |  |                        |                   |
| TITLE  |  | DELETE              | 6.1 TITLE  | -   |  |  | ☐ Change               | Addition          |
| NAME   |  |                     | 62 NAM   | E   | ł  |  |                        |                   |
| STREET ADDRESS   |  |                     | 6.3 STRE   | ET A  | address                                      |  |                        |                   |
| CITY-ST-ZIP  |  |                     | 6.4 CITY   | -ST-  | -ZIP   |  |                        | ľ                 |
| dd lbarabir  | 217 11 2 21 1 2 21 21 21 21 21                                     | 1 14 1 1711         |  |   |  |  |                        |                   |

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 recoiver or mystee 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 open attachment with my address.