

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 21 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000019379 (1)**

1. Corporation Name  
**C Q B - CLOSE QUARTERS BATTLE, INC.**

Principal Place of Business

**11415 PALMETTO DR  
TAVARES FL 32778**

Mailing Address

**11415 PALMETTO DR  
TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/15/1996</b>	3a. Date of Last Report
4. FEI Number <b>64-0883041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>10424 BARRINGTON COURT</b>	26 <b>10424 BARRINGTON CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Leesburg, FL.</b>	28 <b>Leesburg, FL.</b>
Zip	Zip
24 <b>34788</b>	29 <b>34788</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**HABERMEHL, CHARLES R  
11415 PALMETTO DR  
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81 Name <b>HABERMEHL, CHARLES R.</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>10424 BARRINGTON COURT</b>
84 City <b>Leesburg</b>
85 Zip Code <b>FL 34788</b>

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 Charles R. Habermehl **CHARLES R. HABERMEHL** **8-10-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HABERMEHL, CHARLES R</b>	1.2 NAME	
STREET ADDRESS	<b>11415 PALMETTO DR</b>	1.3 STREET ADDRESS	<b>10424 BARRINGTON COURT</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	1.4 CITY-ST-ZIP	<b>Leesburg, FL 34788</b>
TITLE	<b>VTD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HABERMEHL, CINDY ELISA</b>	2.2 NAME	
STREET ADDRESS	<b>11415 PALMETTO DR</b>	2.3 STREET ADDRESS	<b>DELETE</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>200002277192</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-08/26/97--01020--007</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>***165.00 ***165.00</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>8-22-97</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Charles R. Habermehl **CHARLES R. HABERMEHL** **8-10-97** **652**

CR2E034 (4/97)

(1)  
8-18-97

TO WHOM IT MAY CONCERN:

I received A SECOND NOTICE on Filing MY Annual Report; However I NEVER received A FIRST NOTIFICATION.

I moved to A NEW HOME & called the division of Corporations & Subsequently mailed AN Address Change To You.

I should NOT be penalized for NOT filing ON Time when I WAS NOT NOTIFIED OF THE FIRST Filing deadline.

As per phone instructions; I have enclosed A check for \$165.<sup>00</sup> to cover the filing fee.

I hope this letter will suffice; your consideration in this matter is appreciated.

Sincerely,  
CR Habermehl  
Charles R. Habermehl  
President  
CQB - Close Quarters Battle, Inc.