

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 97 000099904**
1. Corporation Name
FLORIDA AMMO DISTRIBUTORS, INC.

Principal Place of Business
**461 N.W. 131 Street
North Miami, FL 33168**

2. Principal Place of Business 21 3130 S.W. 19th St. Suite, Apt. #, etc. 22 259 City & State 23 Pembroke Park, FL Zip 24 33009	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/97	4. FEI Number 65-0800636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DAVID J. SIMONS
4601 Sheridan Street, #500
Hollywood, FL 33021**

10. Name and Address of New Registered Agent

81 Name DAVID J. SIMONS
82 Street Address (P.O. Box Number is Not Acceptable) 3864 Sheridan Street
83
84 City Hollywood
85 Zip Code FL 33021

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 DAVID J. SIMONS 8/10/98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent must be a resident of the State of Florida)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T F. R. BROWN 461 N.W. 131 Street North Miami, FL 33168	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/S/T WILLIAM BROWN 3130 S.W. 19 Street, #259 Pembroke Park, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	800002623938 -08/25/98--01002--048 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 included 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: William Brown 8/10/98 (954) 989-5852

CR2E034 (5/98)

(2)

LAW OFFICES OF
JEROME A. SIMONS, P.A.

EMERALD VILLAGE PROFESSIONAL PLAZA
3864 SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021
TELEPHONE: (954) 963-2225
FAX: (954) 963-2227

JEROME A. SIMONS

DAVID J. SIMONS

August 11, 1998

Division of Corporations
Annual Reports Dept.
P. O. Box 6327
Tallahassee, FL 32314

Re: Florida Ammo Distributors, Inc.
Incorporated 11/21/97

Dear Sir or Madam:

The above referenced Florida corporation never received its first annual report due May 1, 1998.

On July 7, 1998 I contacted the Department of State, Division of Corporations to inquire about the procedure for handling this oversight. I have been instructed to complete the enclosed annual report, fill it out and return it to you with a check in the amount of \$150.00 for reinstatement.

If there is anything further to be done regarding this, please do not hesitate to contact me.

Yours truly,

JEROME A. SIMONS, P.A.

BY:


David J. Simons, Esquire

DJS:jh

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