

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90250 005 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000063960**

1. Corporation Name  
**FIREARMS PROFESSIONAL SERVICES, INC.**



Principal Place of Business  
 13105 LE JEUNE ROAD  
 OPA LOCKA FL 33054

Mailing Address  
 13105 LE JEUNE ROAD  
 OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/21/1998**

2. Principal Place of Business	2a. Mailing Address
21 Suite; Apt. #, etc.	26 Suite; Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**DAVILA, PETER**  
 13105 LE JEUNE ROAD  
 OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: *[Signature]* **PETER A. DAVILA** DATE: **4/28/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	DAVILA, PETER	
STREET ADDRESS	15311 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SANTANA-DAVILA, MARLENE	
STREET ADDRESS	15311 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, GUILLERMO	
STREET ADDRESS	15311 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, MARLEN	
STREET ADDRESS	15311 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LAZARO C. ALVAREZ</b>
1.3 STREET ADDRESS	<b>15371 NW 4 ST</b>
1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HUMBERTO IRIZARRY</b>
2.3 STREET ADDRESS	<b>3601 W 2ND CT</b>
2.4 CITY-ST-ZIP	<b>HIALEAH FL 33012</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RICHARD PEREZ</b>
3.3 STREET ADDRESS	<b>10375 NW 129 SE</b>
3.4 CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PATRICIA A. PEREZ</b>
4.3 STREET ADDRESS	<b>10375 NW 129 SE</b>
4.4 CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other persons empowered.

SIGNATURE: *[Signature]* **Patricia Perez** DATE: **4/30/99** (305) 685-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)