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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093105

1. Corporation Name

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90059 039 ***150.00

	USTOM SHOTTERS, INC.	AA-SI) A-1								
Principal Place of Business Mailing Address										
4401 F 112TH TERRACE NORTH CLEARWATER FL 33762 4401 F 112TH TERRACE NOR CLEARWATER FL 33762				ORTH	ТН			DO NOT WRITE IN THIS	SPACE	
								Date Incorporated or Qualifed 11/02/1998		
2. Principal Pl	ace of Business	2a. Mailing A	ddress				i	4. FEI Number	A	pplied For
21		26					}	59-3540718	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional
22		27						· · · · · · · · · · · · · · · · · · ·	. Fee R	equired
City & State	9	City & State						6. Election Campaign Financing		May Be
23		28						Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	ı	Cou	intry			8. This corporation owes the current year Inta		
24	25			30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Age	ent		0.1	NI=		10. Name and Address of New Registered	egnt	
	DE AMELABINE				81	Name				ł
KRAPF, MELANIE					82 Street Address (P.O. Box Number is Not Acceptable)					
	34TH AVENUE, NORTH				Ш					
ST. F	PETERSBURG FL 33710				83					
					84	City		FL	85 Zip	Code
office or r	egistered agent, or both, in the State om m familiar with, and accept the obligati	of Florida. Such of fons of, Section 6	nange was a 607.0505, Flo	utnonzeo rida Stat	utes.	tne corpo	oration	ation submits this statement for the purpose of is board of directors. I hereby accept the appoin	changing its	s registered egistered
SIGNATORE	Signature, typed or printed name of registered agent		(NOTE		Agen	t signature r	equired w	rhen reinstating) DATE	D DIDEOT	000 11 40
12.	OFFICERS AND		7	13.			r	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D	ı	☐ DELETE		1.1 TITLE		١	area of Dear	⊠ Criange	
NAME	KUPPERMAN, DAVID			1.2 N			KU	IPERMAN, DAVID		ļ
STREET ADDRESS	5856 97TH CIRCLE, NORTH			1		ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL 33782				TY-S	-ZIP	ļ		Channa	- ddition
TITLE	D	l	DELETE	2.1 TI	TLE				☐ Change	☐ Addition
NAME	Krapf, Melanie			2.2 N	AME		ĺ			ļ
STREET ADDRESS	5958 34TH AVENUE, NORTH			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710		<u>.</u>	2.40	ity-s	r-ZIP			T-05	- · ·
TITLE		Į.	DELETE	3.1 T	TLE				☐ Change	☐ Addition
NAME				3.2 N	AME		ļ			Į
STREET ADDRESS				3.3 S	TREE1	ADDRESS				
CITY-ST-ZIP				_	ITY-S	T-ZIP	<u> </u>			- Addis
TITLE		[DELETE	4.1 T	TLE				☐ Change	Addition
NAME				4.21	IAME		Į			Į
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				4.4 C	ITY-S	-ZIP	L			
TITLE			DELETE	5.1 ₮					Change	☐ Addition
NAME.		•		5.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					TY-S	r-ZIP	<u> </u>		F-1 -	
TITLE		i	DELETE	6.1 T					Change	☐ Addition
NAME				6.2 N						J
STREET ADDRESS				6.3 S	TREET	ADDRESS]			}
CITY-ST-ZIP				6.4 C	ITY-S	r-ZIP	1			

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 like empowered.

SIGNATURE: