

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

FILED

Mar 10 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **S78883**

(3)

1. Corporation Name

**OAKCREST ARMS, INC.**

Principal Place of Business

**SUSSMAN, MAURICE  
5841 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address

**SUSSMAN, MAURICE  
5841 BISCAYNE BLVD.  
MIAMI FL 33137-2638**

3. Date Incorporated or Qualified

**09/06/1991**

3a. Date of Last Report

**02/27/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.**22** City & State**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.**27** City & State**28** Zip

Country

**29****30**

4. FEI Number

**65-0298841**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SUSSMAN, MAURICE  
5841 BISCAYNE BLVD.  
MIAMI FL 33137**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUSSMAN, IRVING</b>	
STREET ADDRESS	<b>5841 BISCAYNE BLVD.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUSSMAN, MAURICE</b>	
STREET ADDRESS	<b>5841 BISCAYNE BLVD.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUSSMAN, SELIG</b>	
STREET ADDRESS	<b>5841 BISCAYNE BLVD.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)