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PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S78883** 1. Corporation Name

OAKCREST ARMS, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90063 045 ***150.00

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Principal Place	e of Business	Mail	ing Address				- E IMBEIMIN III INNNI INNNI INNNI INNN INNNI INNN	15 8 14 B1011 A1411 D1011 A	{	
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5841 BISCAYNE BLVD. 5841 BISCAYNE BL							DO NOT WRITE IN	rulė CDACE		
MIAMI FL 33137 MIAMI FL 33137						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							1			
2 Dringing D	lace of Business	7a l	Mailing Address				09/06/1991 4. FEI Number		plied For	
·	lace of business	26	Mailing Address				65-0298841		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	\$8.75		
22		—	27				5. Certifcate of Status Desired	Fee Re		
City & State	e		City & State			· - ·	6. Election Campaign Financing	\$5.00	May Be	
23	•	28					Trust Fund Contribution	Added t		
Zip	Country	-	Zip Country				8. This corporation owes the current year Intangible			
24	25 29 3		30	o		Personal Property Tax.				
	9. Name and Address of Curre	nt Registe	red Agent		Щ		10. Name and Address of New Registe	red Agent		
					81	Name				
	SMAN, MAURICE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	1 BISCAYNE BLVD.									
MIAI	MI FL 33137				83			•	·	
					84	City	Add to the first of the first o	FL 85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607	.1508. Florida Statu	tes, the a	bove	e-named corpo	pration submits this statement for the purpo	e of changing its	registered	
i office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	. Such change was a	utnonze	J DY	tne corporatio	n's board of directors. I hereby accept the a	ppointment as re	gistered	
_	m tamiliar with, and accept the obliga	adons or, c	11,000,100 110608	niua Otat	uico	•				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if a	pplicable. (NOTI	E: Registered	i Agen	t signature required				6
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICER			Š
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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 innual 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 recorder 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 adaction of the recorder of the corporation of the recorder of

SIGNATURE:

LEEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #