## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 V06934 **DOCUMENT #** 

(6)

Principal Place of Business

SCARPINO GUNS & AMMO, INC.

Mailing Address

NAME AND TAXABLE OF ACTUAL COLLECT

		<b>                                   </b>

8101 NORTHWEST 46TH COURT LAUDERHILL FL 33351		LAUDERHILL FL 33351					
					3. Date incorporated or Qualified 01/16/1992	3a. Date of Las 02/09/	
2. Principal P	Place of Business	2a. Mailing Address	<u> </u>	,	4. FEI Number		Applied For
1		26			65-0326024		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
2		27					<del></del>
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
3	Country	<b>28</b>	Country		8. This corporation has liability for		
Zip ⊒	Country 25	29	30	y	Florida Statutes X Yes	. □No	
4	9. Name and Address of Curren		1901		10. Name and Address of New F	Registered Agent	
			81	Name	-		
SCARP	NO, WILLIAM		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
8101 N	NORTHWEST 46TH COURT						
LAUDE	RHEL FL 33351		83	3			
			84	4 Orty		<b></b> 85	Zip Code
	t to the provisions of Sections 607,0502			1			
SIGNATURE	Signature typed or printed name of registered agent		OTE: Registered Ag	ent signature requin	e/Lwhon renstating/ ADDITIONS/CHANGES TO OF I	DATE FICERS AND DIRE	CTORS IN 12
12.	OFFICERS AN	DELETE	1.110.6		ADDITIONS OF A MICE TO CO.	☐ Cha	
TITLE	SCARPINO, WILLIAM	C DECENT	1.2 NAME			_	
NAME	0404 NUM 46TH COURT			ELADORESS			
STREET ADDRESS CITY - ST - ZIP	LAUDERHILL FL		1.4 C/TY-				
THLE		DELÉ IE	2 1 1111			☐ Cha	inge 🔲 Addition
NAME	SCARPINO, LAURA		2.2 NAMI	E			
STREET ADDRESS			2 3 S1RE	FF ADDRESS			
C(1) Y - S1 - Z(P	LAUDERHILL FL		2 4 CITY			☐ Cha	ange
TITLE		☐ DELE1E	3 1 TITE				inge [_] Addition
NAME			3.2 NAM				
STREET ADDRESS	5			-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	4 1 TITL			☐ Cha	ange 🔲 Addition
NAME			4.2 NAM				
STREET ADDRESS	s		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 C/TY	-ST-ZIP			F*** A 1140
TITLE		DELETE	5 1 TITL	.E		☐ Ch.	ange 🔲 Addition
NAME			5.2 NAM	ĺ			
STREET ADDRESS	ss			EET ADDRESS			
CITY - ST - ZIP		DELETE		1-S1-ZIP		□ Ch	ange Addition
TITLE		T http:/	6. 1 THE 6.2 NAM	1			- 5
NAME				EFT ADDRESS			
STREET ADDRES	iS			7-ST-7IP			
CITY-ST-ZiP	the distance information quanting	with this files is voluntarily to	urosebed and d	oes not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida (	Statutes, I further

Loo nereby ceruly that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.0/(3)(ii), Horida Statutes, 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 cath; 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.

LAURIT SCARPFIND Tronsuper 3/1/96 954-975-2902