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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11345

(8)

PISTOLENZ CORP.

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Principal Place of Business

Mailing Address

FILED Sep 25 1997 8:00am Secretary of State



1501 39TH STI WEST PALM B	reet Beach FL 33407	1501 39TH STREET WEST PALM BEACH FL	33407-3633					
					3. Date Incorporated or Qualified 02/03/1992	3a. Date of Las 07/24/199		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21		26			NOT APPLICABLE		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country Zip Country 25 29 30			ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New Re-	gistered Agent		
	g, wm. reeves esquire			81 Name				
500	JOHN & KING AUSTRALIAN AVENUE SOUTH	ł			dress (P.O. Box Number is Not Acceptable)			
WES	ST PALM BEACH FL 33401			83				
				84 City		FL	ip Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida. Such change was	s authorized	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changin of the appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and tille diapolication (NC	OIL: Registered	Agent signature requ	pred when reinstaling)	DATE		
12.		RS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	DELETE	1.1 101	LE		☐ Chan	ge 🔲 Addition	
NAME			1.2 NA	ME				
STREET ADDRESS	1501 - 39TH ST		1.3 STF	REET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CIT	Y-ST-ZIP				
TITLE	☐ DELETE		2.1 10	LE		☐ Chan	ge 🔲 Addition	
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 STF	REET ADDRESS				
CITY-ST-ZIP			2. 4 CH	Y-S1-ZIP				
TITLE		☐ DELETE	3.1 TIT	LE		☐ Chan	ge Addition	
NAME			3.2 NA	ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		Decree		Y-ST-ZIP			A dece-	
TITLE		☐ DELETE	4.1 Ti			Chang	ge Addition	
NAME			4. 2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP		Chang	ge Addition	
NAME		L Meete	5.1 M		•	ب ما ما	,	
				KEET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	Y-ST-ZIP		Chan	e Addition	
NAME		C Section	6.2 NA				,- <u>L</u> , F301(101)	
STREET ADDRESS				KEET ADDRESS				
CITY-ST-ZIP	•			Y-ST- <i>Z</i> IP	•			
UIIT-SI-ZIF			■ 0.4 UII	1-01-71				

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 occurrence of the occurrence of the corporation or the occurrence of the occurrence