

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11: 05

DOCUMENT # 702516 (6)

1. Corporation Name
LAFAYETTE ARMS INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2866 NE 30 ST FT. LAUDERDALE FL 33306	Mailing Address 2866 NE 30 ST FT. LAUDERDALE FL 33306
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3. Date Incorporated or Qualified 01/01/1962	3a. Date of Last Report 02/14/1994
4. FEI Number 59-0999437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LARSON W.L.
2866 NE 30TH ST
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	NORRIS, SANDRA
STREET ADDRESS	2866 NE 30ST
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	LARSON, W L
STREET ADDRESS	2866 NE 30TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	ATD
NAME	O'DONNELL, MARY J.
STREET ADDRESS	2866 NE 30TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	ASD
NAME	DOHENY, MARY JANE
STREET ADDRESS	2866 NE 30TH ST.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	VPD
NAME	HOSSELLMAN, VERNE
STREET ADDRESS	2866 NE 30TH ST
CITY-ST-ZIP	FT.LAUDERDALE FL
TITLE	PD
NAME	SOMERS, LOUIS M.
STREET ADDRESS	2866 NE 30 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **WILFRED L. LARSON, SECRETARY & DIRECTOR** 2/14/95 305-563-2168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wilfred L. Larson

February 14, 1995

SUPPLEMENT TO CORPORATION ANNUAL REPORT
for
LAFAYETTE ARMS, INC.
2866 N. E. 30th St.
Ft. Lauderdale, FL 33306

OFFICER & DIRECTOR

V/P/D
MUNSON, LESTER
2866 N. E. 30th ST
FT. Lauderdale, FL 33306