

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 702516 (6)

1. Corporation Name
LAFAYETTE ARMS INC



Principal Place of Business Mailing Address
**2866 NE 30 ST
FT. LAUDERDALE FL 33306** **2866 NE 30 ST
FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **01/01/1962** 3a. Date of Last Report: **02/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-0999437	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LARSON W.L. 2866 NE 30TH ST FT. LAUDERDALE FL 33306				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORRIS, SANDRA			12 NAME	LESTER MUNSON		
STREET ADDRESS	2866 NE 30ST			13 STREET ADDRESS	2866 N E 30 ST		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306			14 CITY-ST-ZIP	FT LAUDERDALE, FL 33306		
TITLE	SD	<input type="checkbox"/> DELETE		21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, W L			22 NAME	Stanley Handcock		
STREET ADDRESS	2866 NE 30TH ST			23 STREET ADDRESS	2866 N E 30th ST		
CITY-ST-ZIP	FT LAUDERDALE, FL 90000 33306			24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
TITLE	ATD	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'DONNELL, MARY J.			32 NAME			
STREET ADDRESS	2866 NE 30TH ST			33 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33306			34 CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOHENY, MARY JANE			42 NAME			
STREET ADDRESS	2866 NE 30TH ST.			43 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33306			44 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSSELLMAN, VERNE			52 NAME			
STREET ADDRESS	2866 NE 30TH ST			53 STREET ADDRESS			
CITY-ST-ZIP	FT.LAUDERDALE FL 33306			54 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMERS, LOUIS M.			62 NAME			
STREET ADDRESS	2866 NE 30 ST.			63 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter L. Larson Date: 1/29/96 305-563-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)