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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 285966

(8)

ORANGE BLOSSOM HOBBIES INC

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FILED

Mar 28 1997 8:00am

Secretary of State

									AIBH IIII
Principa! Piace	e of Husiness	Mailing Address						Tidio distri artist	J. J
1975 N W 36TH MIAMI FL 3314	_	1975 N W 36TH STREET Miami Fl 33142-5442							
						3. Date Incorporated or Qualified 10/13/1964		ate of Last Re 24/1996	aport
2. Principal Pa 21	ace of Business	2a. Mailing Address				4, FEI Number 59-1082228			plied For at Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	Additional
City & State	0	City & State		******		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Count	ry		8. This corporation has liability fo	r intangible		199.032,
24	25 9. Name and Address of Curren		30]			10. Name and Address of New F			
		it negleteles Agent	8	1	Name	IV. Italia and Addition of Addition			
	RNER,JOHN MICHAEL 5 NE 2ND AVE			L					
	o ne znu ave Mi FL				Street Addre	ess (P.O. Box Number is Not Accepta	able)		
			В	1	······································	, , , , , , , , , , , , , , , , , , ,			
			1	- 1	City		FL	65 Zip (
	to the provisions of Sections 607.050 egistered agent, or both, in the State in lamiliar with, and accept the oblig	12 and 607.1508, Florida Statute of Florida. Such change was at ations of, Section 607.0505, Flor	s, the abouthorized rida Statut	by ties.	named corpo he corporation	oration submits this statement for the on's board of directors. I hereby acc	purpose of opt the app	t changing it: pointment as	s registered registered
SIGNATURE	Signifier hypoldion printed name of registered age	est and tife if applicable (NOTE	: Registered A	gent	signature require	d when reinstaling)	DATE		
12.		D DIRECTORS	13.		··· · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AN		
THLE	PD POPERT LENG	DELETE	1.1 TITLE					Change	Addition
NAME	QUICK, ROBERT LEWIS 2052 N.E. 120 ROAD		1.2 NAM						
STREET ADDRESS	MIAMI FL		1.3 STAE		1				
C-TY+ST-ZIP THEF	S S	DELETE	1.4 CITY 2.1 TITLE		ZIP			Change	Addition
NAME	ARTHUR, BARBARA A	L.J DELL'E	22 NAM						
STREET ADDRESS	443 N.E. 94 STREET		2.3 STRE		OUBERS				
CITY- ST. ZIP	MIAMI SHORES FL		2. 4 CITY		· · · · · · · · · · · · · · · · · · ·		•		
Dh.F	D	DELETE	3.1 7(1)		-	· · · · · · · · · · · · · · · · · · ·		Change	Addition
. NAME	QUICK, CHARLES ROBERT		3.2 NAM	IE					
STREET ADORESS	10 N.E. 103RD ST.		3.3 STRE	EET AI	DORESS				
CHY-ST 20F	MIAMI FL		3.4. CIT	Y-ST	- ZIP				
Tiff(f		☐ DELETE	4.1 TITU	ŧ				Change	Addition
NAM:			4. 2 NA	ΜE					
STREET ADDRESS			4 3 STRI	EET A	DDRESS				
CHY-SI 7P			4.4 CITY		-ZIP				4 2 2 10 -
TITLE		☐ DELETE	5 1 TITE					L Change	Addition
NAME			5.2 NAM						
STREET ACORESS					DORESS				
CHY+S1+Zb*		Florier	5.4 CITY		- ZIP	, ,		☐ Change	Addition
TOLE		☐ DELETE	6.1 TITE					□ CHAHNE	- Vanimus
NAME:			6.2 NAM		PPPEGG				
STREET ADDRESS			1		DORESS				
C(TY - S1 - Z)P	1	(Pa)	6.4 CITY	(-ST-	- ZiP			 -	

14. 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 compristion 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 in changed, in on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. Arthun 3/26/22

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