

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP -6 PM 2:35



DOCUMENT # 657536 (9)

1. Corporation Name  
W.A.R.E. ARTS AND CRAFTS, INC.

Principal Place of Business

Mailing Address

2432 TURPENTINE RD.  
MIMS FL 32754

2432 TURPENTINE RD.  
MIMS FL 32754

3. Date Incorporated or Qualified 02/28/1980  
3a. Date of Last Report 06/15/1995

4. FEI Number NOT APPLICABLE  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 2432 Turpentine Rd  
Suite, Apt. #, etc.  
22  
City & State  
23 Mims FL  
Zip  
24 32754  
Country  
25 USA  
2a. Mailing Address  
26 2432 Turpentine Rd  
Suite, Apt. #, etc.  
27  
City & State  
28 Mims FL  
Zip  
29 32754  
Country  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPPFELT, ETHEL  
2432 TURPENTINE RD.  
MIMS FL 32754

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
OPPFELT, ETHEL  
2432 TURPENTINE RD.  
MIMS FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
OPPFELT, RALPH L  
2432 TURPENTINE RD.  
MIMS FL  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
MCBRIDE, P.  
707 N DIXIE  
TITUSVILLE, FL 00000  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
200001946082  
09/12/98 01083-005  
\*\*\*\*375.00 \*\*\*\*375.00  
Change Addition  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
Change Addition  
dec

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-96 407 2674013  
Doc. # Phone #

CR2E034 (3/96)