


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

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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90032 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000001546**  
 1. Corporation Name  
**HOBBY TOWN UNLIMITED, INC.**



Principal Place of Business: 6301 S. 58TH LINCOLN NE 68516 US  
 Mailing Address: 6301 S 58TH LINCOLN NE 68516 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)  
 2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 03/30/1993  
 4. FEI Number: 47-0694669  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 PINE ISLAND ST.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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	DCP	<input type="checkbox"/> DELETE
NAME	HAYES, MERLIN P	
STREET ADDRESS	6301 S 58TH ST	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	WALLA, THOMAS A	
STREET ADDRESS	6021 SOUTH 52ND ST. COURT	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALLA, THOMAS A	
STREET ADDRESS	6021 SOUTH 52ND ST. COURT	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAYES, MARY E	
STREET ADDRESS	6301 S 58TH ST	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilke, Robert	
1.3 STREET ADDRESS	5411 Tamarisk Ct.	
1.4 CITY-ST-ZIP	Lincoln, NE 68516	
2.1 TITLE	FU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Graeve, William	
2.3 STREET ADDRESS	4420 Neumann Ln	
2.4 CITY-ST-ZIP	Lincoln, NE 68516	
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 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Graeve - William Graeve 1/4/99 (402) 434-8130  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)