

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Maman
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 PM 1:42

DOCUMENT # **G43106** (5)

WAREHOUSE HOBBIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O ANTHONY M. CASTROMONO, 268 LAKE PEARL DR., LAKE PLACID FL 33852 US**
Mailing Address: **C/O ANTHONY M. CASTROMONO, 268 LAKE PEARL DR., LAKE PLACID FL 33852 US**

2. Incorporation Year: **1983** 2a. Mailing Address: **1196 CR 621 EAST**
21. Corporation Name: **WAREHOUSE HOBBIES** 26. State and Zip: **LAKE PLACID FL 33852**
22. City and State: **LAKE PLACID FL** 27. State and Zip: **LAKE PLACID FL 33852**
23. City and State: **LAKE PLACID FL** 28. State and Zip: **LAKE PLACID FL 33852**
24. City and State: **LAKE PLACID FL** 29. State and Zip: **LAKE PLACID FL 33852**

3. Date of Incorporation (in Florida): **06/10/1983** 3a. Date of Last Report: **05/17/1994**
4. FE# Number: **59-2439381**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ANTHONY M. CASTRONOVO
800 E BROWARD BLVD.
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent:
81. Name: **Lisa Sherman Williams + Sherman, CPAs**
82. Street Address (P.O. Box Number is Not Acceptable): **111 Park Avenue East**
83. City and State: **Lake Placid FL**
84. City and State: **Lake Placid FL** 85. State and Zip: **FL 33852**

11. I, the undersigned, being a resident of Florida and duly qualified to act as a registered agent, certify that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *Lisa Sherman*

12. OFFICERS AND DIRECTORS

NAME	V	CASTRONOVO, ANTHONY M.
Street Address		894 C 621
City and State		LAKE PLACID FL
NAME	D	MOORE, TONI
Street Address		5310 NO. STATE RD. 7, #A
City and State		FT. LAUDERDALE FL
NAME		
Street Address		
City and State		
NAME		
Street Address		
City and State		
NAME		
Street Address		
City and State		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	Change	Add
Street Address		
City and State		
NAME	Change	Add
Street Address		
City and State		
NAME	Change	Add
Street Address		
City and State		
NAME	Change	Add
Street Address		
City and State		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.01(1)(a) Florida Statutes. I further certify that the information included on the annual report or supplementary annual report is true and accurate and that if a signature shall have the same legal effect as if made under oath. That I am qualified to exercise the duties of a registered agent and that I am not under any legal disability from doing so. The report is prepared in accordance with the Florida Statutes and that my name appears on the report in the appropriate column with an address.

SIGNATURE: *Anthony M. Castromono* ANTHONY M. CASTROMONO V.P. 5-1-95 813 699-1231