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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Bl

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J62599

(2)

CHARLIE'S DISCOUNT HOBBIES, INC.

Principal Place of Business Mailing Address 7530 W WATERS AVE 25626 OAKS BLVD TAMPA FL 33615 LAND O' LAKES FL 34639-5558 US US							
					3. Date incorporated or Qualified 03/13/1987	3a. Date of Last Re 05/01/1996	∍port
2. Principal Place of Business 2e. Mailing Address					4. FEI Number		plied For
21] Suite, Apt. #, etc		Suite, Apt. #, etc.		59-2793054	6075	t Applicable	
22		27		6. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00		
23 Ziçi			Country			Added t	
24	25 29 30		Country	9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 7. Portion Florida Statutes Florid			
	9. Name and Address of Curren				10. Name and Address of New Regi	stered Agent	
POU	LTON, CHARLES R II		81	Name			
2562	8 OAKS BLVD.		82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
LAN	D O'LAKES FL 34639		83				
				·			
			B4			FL	Code
SIGNATURE	to the provisions of Sections 607.050 egislered agent, or both, in the State on familiar with, and accept the obligations to the obligation of the section o				rporation submits this statement for the puration's board of directors. I hereby accept juited when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	
TITLE			11 TITLE			Change	Addition
NAME	POULTON, CHARLES R. II 25628 OAKS BLVD		1.2 NAME	*000000			
STREET ADDRESS	LAND O' LAKES FL		1.3 STREEY ADDRESS 1.4 CITY - ST - ZIP				
CHY-SI-ZIP TITLE		DELETE	2.1 TITLE	11-211-		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS	•••		
CITY - ST - ZIP			2.4 CITY-	ST-ZIP			
TALE	DELETE 3.11		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY - ST - ZIP TITLE			3.4. CITY-	91-4IF		☐ Change	Addition
NAME			4. 2 NAME	ŀ	u u	•	
STREET ADDRESS			4.3 STREET	ADDRESS			
C-TY - ST - ZIP			4.4 CiTY-5	ST-ZiP			
10 LE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		1	5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			[] OL	Addition
TIBLE			6.1 TITLE			Change	Addition
NAMÉ			6.2 NAME	Abbress			
STREET ADDRESS			6.3 STREE	1			
14. 1 do herel	by certify that the information supplie	d with this filing does not qualify fo	6.4 CITY - S	motion state	ted in Section 119.07(3)(i), Florida Statutes	I further certify that	the
informatic	o indicated on this annual report or s	supplemental annual report is true.	and acc	urate and th	nat my signature shall have the same legal bort as required by Chapter 607, Florida St	effect as it made un	der oath: that I