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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K93964** (0)
1. Corporation Name
RECREATIONAL FACTORY WAREHOUSE OF CHARLOTTE, INC



Principal Place of Business
**5112 CENTRAL AVE.
CHARLOTTE NC 28205
US**

Mailing Address
**3033 MERCY DR.
ORLANDO FL 32808-3113
US**

3. Date Incorporated or Qualified 06/08/1989	3a. Date of Last Report 05/20/1996
4. FEI Number 59-2969784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
**EDGAR, CANDICE B.
3033 MERCY DR.
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
81 Name Paul W. Moses II
82 Street Address (P.O. Box Number is Not Acceptable) Maguire, Voorhis & Wells, P.A.
83 Two South Orange Plaza
84 City Orlando
85 Zip Code FL 32802

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 in Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **ESQ** **4/23/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DC <input checked="" type="checkbox"/> DELETE
NAME	DOEBLER, DONALD W.
STREET ADDRESS	3033 MERCY DR
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DENSON, BRIAN H
STREET ADDRESS	3033 MERCY DR
CITY-ST-ZIP	ORLANDO FL
TITLE	DVST <input type="checkbox"/> DELETE
NAME	EDGAR, CANDICE B.
STREET ADDRESS	3033 MERCY DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DOEBLER, DAVID R
STREET ADDRESS	3033 MERCY DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	ECELBERGER, CRAIG V
STREET ADDRESS	3033 MERCY DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	CZECH, DONALD R
STREET ADDRESS	3033 MERCY DR.
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Orlando, FL. 32808
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Orlando, FL. 32808
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 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 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.

SIGNATURE: *[Signature]* **Candice B. Edgar** **4-16-97 (407) 297-0141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)