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PROFIT
CORPORATION
ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22297

(0)

BIG BOYS' R/C AND HOBBIES, INC.

FILED
Mar 21 1997 8:00am
Secretary of State

Principal Plan 325G E MERRI MERRITT ISLAN US	TT ISL CSWY	MERRITT ISLAND FL 329	Mailing Address 325G E MERRITT ISL CSWY MERRITT ISLAND FL 32952-3670 US		1 200 mar, 6/8 200 6 400 6 100 100 100 100 100 100 100 100 100			
		•	•		3. Date Incorporated or Qualified 10/11/1989	98. Date of Last Report 05/01/1996		
2. Principal Francial Business		2a. Mailing Address	P	4. FEI Number			Applied For	
21		26	The second secon				Not Applicable	
Suite, Apt. #, et :		Sode, Apt. #, etc	Soile, Apt. #, otc		5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		[28]			Trust Fund Contribution			d to Fees
, 2ф	Country	Z(p)	Country	,	8. This corporation has liability for i			s. 199 032
24 :	25	[29]	30		Florida Statutes			
040	9. Name and Address of Cu	rrent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered A	gent	
	BER, TERRY M. 5 CREVALLE AVE			THEITIC				
	RITT ISLAND FL 32952		82	82 Street Address (P.O. Box Number is Not Acceptable)				
MICH	MIT IODAND I E 32832		83				***************************************	WF4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
			84	City		FL	85 Zi	p Code
\$100 ATURE	Some single control of the property of the control	AND DIRECTORS	DIE Registered Age 13. 1.1 DILE	ont signature requ	ured when minstaing) ADDITIONS/CHANGES TO OFFIC		DIRECTO	
MW:	BARBER, TERRY M.		12 NAME				U Onang	, L. Pasition
58881 (00)	1385 CREVALLE AVE		1.3 STREET	AODRESS				
Q17 St 70°	MERRITT ISLAND FL		14 CITY-5					
100	D	DELETE	2 1 1IILE				Chang	e Addition
PWW-	BARBER, DORIS L.		2 2 NAME					
STREET ADDRESS.	1385 CREVALLE AVE		2 3 STREET					
Official Ar	MERRITT ISLAND FL	DELETE	2 4 CITY-	\$1 · Z/P			<u> </u>	
MILE NAV:		☐ DELETE	3.1 TITLE 3.2 NAME				L] Changi	ē ∐_Addition
SIREMATOR TO			3.3 STREET	ADDRESS				
Oth St Ar			3.4 CITY-					
311.6		DELETE	4.1 TITLE				Change	e 🔲 Addition
NAM-			4. 2 NAME					
STREET ADDRESS:	 		4.3 STREET	ADDRESS				
Offy St 78			4.4 CITY - 9	T- 7IF				
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NAM:	! •		5 2 NAME					
STREET ADDRESS			5.3 STREET					
∭iv 51 72 14.1	• :	DELETE	5 4 CHY 5	1- ZIF			Change	e Addition
NAME	!	EJ GREEK	6 2 NAME				Austrigi	, <u>L</u> nounce
STREET ZODBER			6.3 STREET	ADDRESS				
OHS 51 74			6.4 CITY- S					
and the second s	by cart by that the information sup-	p! ed with this filing does not qu			ed in Section 119.07(3)(i), Florida Statutes	Lfurther	certify th	at the

4. I do hereby certly 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 into the control of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 Envir 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

D.L. BARBER

3-1697

454-4214