

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # **N96000003929 (4)**

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION OF RETAIL HOBBY STORES, INC.

Principal Place of Business

634 N MILLS AVE
ORLANDO FL 32803
US

Mailing Address

634 N MILLS AVE
ORLANDO FL 32803
US

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

59-3432053

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

RAUSCH, STEVE
634 N MILLS AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 V ☐ DELETE

NAME **HARKEY, SHARON**
STREET ADDRESS **5600 W COLONIAL DR 311**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE P ☐ DELETE

NAME **RAUSCH, STEVEN D**
STREET ADDRESS **634 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE D ☐ DELETE

NAME **MAMMERT, RON**
STREET ADDRESS **751 W COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE D ☐ DELETE

NAME **DOWLER, FRANK**
STREET ADDRESS **2814 CORRINE DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE D ☐ DELETE

NAME **MICHAEL, ROB**
STREET ADDRESS **430 E SR 436 SUITE 106**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE D ☐ DELETE

NAME **SCHUSTER, BOB**
STREET ADDRESS **8255 INTERNATIONAL DR**
CITY-ST-ZIP **ORLANDO FL 32819**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)