SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/94: \$225 JF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000028791 (0) HOBBY MAX, INC. Principal Place of Business Mailing Address 15702 N. DALE MABRY 3801 NORTHGREEN **TAMPA FL 33618** #3807 US **TAMPA FL 33624** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/16/1993 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3181812 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199 032 7ın Country Country Zφ Yes No 30 Florida Statutes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEYER, DAVID A 82 Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD **SUITE 2000** 83 TAMPA FL 33602-5133 Zip Code 85 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prietud name of registered agent and trie if applic able (NOTE: Registered Agent's greature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE DPS TITLE CR2E034 ROSENROTH, MAX 1.2 NAME NAME 3801 NORTHGREEN #3807 13 STREET ADDRESS STREET ADDRESS TAMPA FL 14 CiTY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE DVST TITLE 2 2 NAME ROSENROTH, JUDY NAME 3801 NORTHGREEN #807 2 3 STREET ADDRESS STREET ADDRESS TAMPA FL 2 4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CiTY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TOTALE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 F THLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6 2 NAME NAME 6 3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-ZIP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1 turther 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or Irustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13 or Block 13 of changed, or on an attachment with an address

SIGNATURE1

July 31, 1996