

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008704 (6)

1. Corporation Name

ALTEC HOBBYWORKS, INC.

Principal Place of Business

7770 RIDGEWOOD DR.
LAKE WORTH FL 33467

Mailing Address

7770 RIDGEWOOD DR.
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FET Number

Applied For

21

26

65-0466734

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

City & State

Trust Fund Contribution

Not Applicable

23

28

7. The corporation has liability for unpaid taxes under 215, 215.1, 215.2, Florida Statutes.

24

25

29

30

8. The corporation has liability for unpaid taxes under 215, 215.1, 215.2, Florida Statutes.

Not Applicable

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRUBY, MARK A
7770 RIDGEWOOD DR.
LAKE WORTH FL 33467

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 215, 215.1, and 215.2, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. The Board of Directors of the State of Florida has 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 the registered agent under 215, 215.1, 215.2, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	D
NAME	TRUBY, MARK A
STREET ADDRESS	7770 RIDGEWOOD DR.
CITY & STATE	LAKE WORTH FL 33467
12.2	
NAME	
STREET ADDRESS	
CITY & STATE	
12.3	
NAME	
STREET ADDRESS	
CITY & STATE	
12.4	
NAME	
STREET ADDRESS	
CITY & STATE	
12.5	
NAME	
STREET ADDRESS	
CITY & STATE	
12.6	
NAME	
STREET ADDRESS	
CITY & STATE	
12.7	
NAME	
STREET ADDRESS	
CITY & STATE	

13.1	Change	Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.2	Change	Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.3	Change	Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.4	Change	Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.5	Change	Addition
NAME		
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the purposes stated in Sections 215, 215.1, 215.2, Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and correct 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 on Block 1, 2, or Block 3 of changed or new attachments with an address.

SIGNATURE:

Mark Truby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 407-968-1635