

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000009860 (3)**

1. Corporation Name
HOBBY INTERNATIONAL, INC.

Principal Place of Business
9427 TELFER RUN
ORLANDO FL 32817-1745

Mailing Address
9427 TELFER RUN
ORLANDO FL 32817-1745



2. Principal Place of Business 21 2335 TEMPLE TRAIL Suite, Apt. #, etc. 22 STORE # 5 City & State 23 WINTER PARK FL Zip 24 32789		2a. Mailing Address 26 2335 TEMPLE TRAIL Suite, Apt. #, etc. 27 STORE # 5 City & State 28 WINTER PARK FLORIDA Zip 29 32789 Country 30 USA		3. Date Incorporated or Qualified 01/29/1996	3a. Date of Last Report
4. FEI Number 59-3364203		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GRIMALDI, BRUNO M 9427 TELFER RUN ORLANDO FL 32817-1745		10. Name and Address of New Registered Agent 81 Name BRUNO GRIMALDI 82 Street Address (P.O. Box Number is Not Acceptable) 2335 TEMPLE TRAIL # 5 83 84 City WINTER PARK FL 85 Zip Code 32789	
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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 of, Section 607.0505, Florida Statutes.

SIGNATURE *Bruno Grimaldi S/T* DATE **APRIL 25, 1997**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P
STREET ADDRESS		1.3 STREET ADDRESS	TINA C. GRIMALDI
CITY - ST - ZIP		1.4 CITY - ST - ZIP	2335 TEMPLE TRAIL #5
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	WINTER PARK FL 32789
NAME		2.2 NAME	S/T
STREET ADDRESS		2.3 STREET ADDRESS	BRUNO GRIMALDI
CITY - ST - ZIP		2.4 CITY - ST - ZIP	2335 TEMPLE TRAIL #5
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	WINTER PARK FL 32789
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Bruno Grimaldi* DATE **APRIL 25, 1997** (407-644-5990)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)