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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096424 (2)

CHARACTER CORNER, INC.

Principal Place of Business

Mailing Address

TIM ODESIDENTS DOINE

## **FILED** May 06 1998 8:00am Secretary of State



SUITE 270		SUITE 270			
ORLANDO FL 32809		ORLANDO FL 32809		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
6 Principal Di	oo of Business	Se Mailing Address		11/26/1996 4. FEI Number	LA - Ford Ford
- 1110	ace of Business 5. W. 36TH ST	26. Mailing Address	. 36TH ST.	59-3422675	Applied For
Sulte, Apt.	<del></del>	26 44728 2.00 Suite, Apt. #, etc.	. 20111 01.	38-3422013	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	ANDO, KORIDA	City & State  28 ORLANDO	, MORION	6. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 32	8 11 Country ANGE	7ip/28//	Country ORANGE	8. This corporation owes or has paid the c	urrent year Intangible
4 30	9. Name and Address of Current		30 01 77000	Personal Property Tax due June 30.  10. Name and Address of New Registered	<del></del>
DA		- I Guide Con Figure	81 Name	10, Trans will reaction of their freguetors.	a rigoni
OF C. MACHOLIA AVENUE					<u> </u>
ORLANDO FL 32801				ress (P.O. Box Number is Not Acceptable)	
UR	LANDO PL 32001		83		***
			84 City	F	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
	egi <mark>ster</mark> ed agent, or both, in the State o m <b>fam</b> iliar with, and accept the obligati			tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and tire if applicable (NOT€	Registered Agent signature requi	red when reinstaling) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP .	DELETE	1.1 TITLE		Change Addition
NAME	<b>WEISING, CHRISTOPHER T</b>		1.2 NAME		
STREET ADDRESS	7101 PRESIDENTS DRIVE, #27	0	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	<del></del>	Change Addition
NAME		<del>-</del>	4, 2 NAME		· · · · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TATLE		Change Addition
NAME		<del></del> · · -	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	2		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated :	on this annual report or supplemental a	annual reportes true and accu	🗚 ate and that my signatu	re shall have the same legal effect as if made t	under oath; that I am an
	fir <b>ector</b> of the corporation or the record or <b>Bloc</b> k 13 if changed, or go an attach	ri or trustee empowered to e ment with an add (1995)	secute this report as req	uired by Chapter 607, Florida Statutes; and tha	; my name appears in