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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

21

22



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013003

SOUTH FLORIDA HOBBIES, INC.

Principal Place of Business Mailing Address 2921 SOUTH FEDERAL HIGHWAY US 1 2921 SOUTH FEDERAL HIGHWAY US 1 FORT PIERCE FL 34950 FORT PIERCE FL 34950

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2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90048 001 ***150.00



Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

<u>02/10/1997</u>

65-0725165

4. FEI Number

2	27 State City & State 28				5. Certificate of Status Desired	Fee Required		
City & Sta					6. Election Campaign Financing	May Be		
Zip	Country				Trust Fund Contribution	Added t	o Fees	
]	25	29	Country 30		8. This corporation owes the currer		п.,	
9. Name and Address of Current Registered Agent					Personal Property Tax. XYes No 10. Name and Address of New Registered Agent			
	or manne una Address or our	tent Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
JEAN C POWELL BOOKKEEPING SERVICE				or realite				
2945 SOUTH US 1			82	82 Street Address (P.O. Box Number is Not Acceptable)				
FORT PIERCE FL 34982				00				
, OHI I ILIOL E 07302			83	83				
			84	City	11 - 17 - 17 - 17 1 - 17 1 2 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (ode	
				, ,	<u> </u>	FL " '		
Pursuant office or r	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above	e-named cor	poration submits this statement for the pr	rpose of changing its	registered	
agent. I a	am familiar with, and accept the obl	ligations of, Section 607.0505, Flor	ida Statutes	tne corporat	ion's board of directors. I hereby accept	the appointment as reg	gistered '	
IGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Agen	t signature requir	ed when reinstating)	DATE		
2.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12	
TLE .	PTD		1.1 TITLE			Change	Additio	
ME	Zielinski, daniel r		1.2 NAME					
REET ADDRESS	2921 SOUTH FEDERAL HIGH	HWAY US 1	1.3 STREET	ADDRESS		•		
Y-ST-ZIP	FORT PIERCE FL 34950		1.4 CITY-ST	-ZIP				
1E	VSD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
ME .	ZIELINSKI, MARIANNE		2.2 NAME			<u></u>		
REET ADDRESS	2921 SOUTH FEDERAL HIGH	HWAY US 1	2.3 STREET	ADDRESS			•	
TY-ST-ZIP	FORT PIERCE FL 34950		2. 4 CITY-ST					
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REET ADDRESS			3.3 STREET	AUDDECC				
TY-ST-ZIP						护性能的 对人们	温温精	
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ME			4.2 NAME	İ	Contract Con	(1) Citalige.	·· [2] Addition	
REET ADDRESS			4.3 STREET	ADDRESS				
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Y-ST-ZIP LE ME	•	☐ DELETE	5.1 TITLE 5.2 NAME			☐ Change	☐ Addition	
Y-ST-ZIP LE ME REET ADORESS	•	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADORESS		☐ Change	☐ Addition	
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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, with all other life empowered.

SIGNATURE: