



STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00010104

DUE ON OR BEFORE 10/23/1997

10/23/98 EXPEDITED

FILING FEE: \$10.00

The following information is required by A.R.S. §10-1022 & §10-2901 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-244.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. REFER TO THE INSTRUCTIONS ON PAGE 4.

- 1. CENTRAL ARIZONA SPECULATIVE FICTION SOCIETY, INC. PO BOX 62613 PHOENIX, AZ 85082-2613

Business Phone: 602-375-1945 Corporation File Number: 0124776-7 State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

- 2. Arizona Statutory Agent: WOODY HARPER JIM STRAIT Street Address: 2226 E ROMA C/O 7002 N. 8 Ave. City, State, Zip: PHOENIX AZ 85016-8502

Stamp: ALL USE ONLY Fee: \$ 10.00 Paid

If appointing a new statutory agent, the new agent MUST consent to their appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature: Jim Strait

- 3. Secondary Address: (Foreign Corporations are REQUIRED to complete this section)

A.C.C. CORPORATIONS DIV. RECEIVED

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- 4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

Table with 3 columns: BUSINESS CORPORATIONS, NON-PROFIT ORGANIZATIONS, and DOCUMENTS ARE SUBJECT TO REVIEW BEFORE FILING. Includes categories like Accounting, Advertising, Manufacturing, etc.



5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized NONE Class _____ Series Within Class (if any) _____

Number of Shares/Certificates Issued _____ Class _____ Series Within Class (if any) _____

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NONE Name: _____ Name: _____
Name: _____ Name: _____

7. OFFICERS (If no changes since last report, check here _____ and go on to Section 8.)

Name: ~~JIM CRYER~~ FRANCES BURNS Name: DAVE HUNGERFORD
Title: PRESIDENT/CEO Title: VICE-PRESIDENT
Address: 1736 W BERRIDGE LN Address: P O BOX 40635
PHOENIX, AZ 85015-2059 MESA, AZ 85274-0635

Date taking office: 06-28-96 6/30/98 Date taking office: 06-28-96 6/30/98
Name: ANGEL HUNGERFORD Name: XIM L MARTIN
Title: SECRETARY Title: TREASURER
Address: Box 40635 Address: P O BOX 82303 7002 N. 6 AVE.
MESA, AZ 85274-0635 PHOENIX, AZ 85077-2303 85021
Date taking office: 06-28-96 6/30/98 Date taking office: 06-28-96 6/30/98

8. DIRECTORS (If no changes since last report, check here _____ and go on to Section 9.)

Name: STEVE BURROUGHS JEFF JENNINGS Name: WOODY HARPER PAT CANNON
Address: 17636 N 30TH ST #3 Address: 2336 W ROMA
PHOENIX, AZ 85032-1979 Box 34423
PHOENIX, AZ 85016-85067

Date taking office: 06-28-96 12/31/97 Date taking office: 12-08-95 6/30/98
Name: JEFF JENNINGS MARK BOVICCE Name: ADAM NISWANDER
Address: 208 E BASELINE #218 1720 N ASTER Address: 1817 N 10TH ST
TEMPE, AZ 85280 TEMPE 85020 PHOENIX, AZ 85006
Date taking office: 06-28-96 6/30/98 Date taking office: 12-08-95 12/31/98



Central Arizona Speculative Fiction Society, Inc.
 Financial Statements
 Year Ending June 30, 1998

Summary of Financial Results (estimated on July to June basis):

CopperCon Conventions, 1997 and 1998	\$ 1,827.00
HexaCon Conventions, 1997 and 1998	\$ 899.00
ConNotations	\$ (1,831.00)
Corporation Overhead	\$ (720.00)
Net Result, Year Ending June 30, 1998	\$ 75.00

Balance Sheet, June 30, 1998 (to nearest \$100)

Assets

CASFS Main Checking	\$ 1,700.00
CopperCon Checking (both accounts)	\$ 3,000.00
Certificate of Deposit	\$ 5,000.00
Hexacon Checking	\$ 2,900.00
ConNotations Checking	\$ 800.00
Total Assets, June 30, 1998	\$ 13,400.00

Liabilities and Fund Balances

Fund Balances, Unrestricted	\$ 13,400.00
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Pledge Enter Corporation Name: CENTRAL ARIZONA SPECULATIVE FICTION SOCIETY INC. Page 3

9. FINANCIAL DISCLOSURE (A.R.S. §§ 10-1622.B & 10-11622.A.9)

Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only

This corporation **does** **does not** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

- 1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
- 2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
- 3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) the consumer fraud laws of that jurisdiction, or
- (c) the antitrust or restraint of trade laws of that jurisdiction?

~~One box must be marked:~~ YES NO

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number. |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action, the date and location, the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§ 10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

~~One box must be marked:~~ YES NO

If YES, enter the following: Chapter _____ Date Filed _____ Case Number _____

If YES, the following information must be submitted as an attachment to this report for each person subject to the information above: 1) The name and address of each corporation and the person or persons involved; 2) The state in which each corporation was incorporated by certificate of incorporation; 3) The date of receivership.

12. SIGNATURES

~~CAUTION: Arizona Reports must be signed by a duly authorized officer. Annual Reports submitted without required signatures will be rejected.~~

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

Further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name David M. Hungerford # 10 Date 6/15/99 Name Angelique T. Hungerford Date 6/15/99

Signature David M. Hungerford Signature Angelique T. Hungerford

Title Vice President Title Secretary

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

