

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 FEB -3 AM 9:23

DOCUMENT # **L39529** (7)  
1. Corporation Name  
**BASEBALL CARD WAREHOUSE, INC.**

Principal Place of Business Mailing Address  
**5491 NW 15TH ST #7 MARGATE FL 33063** **5491 NW 15TH ST #7 MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **02/01/1994**  
4. FEI Number **65-0169375** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **3101 McNab Rd.** 26 **3101 McNab Rd.**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State **Pompano Beach FL.** 28 City & State **Pompano Beach FL.**  
24 Zip **33069** 25 Country **Broward** 29 Zip **33069** 30 Country **Broward**

9. Name and Address of Current Registered Agent  
**FIELDS, GARY D.  
5355 TOWN CENTER RD  
SUITE 801  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
81 Name **GARY D. FIELDS**  
82 Street Address (P.O. Box Number is Not Acceptable) **ADmiralty TOWER Suite 700**  
83 **4400 P.G.A. Blvd**  
84 City **Palm Beach Gardens** FL 85 Zip Code **33410**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAMM, HENBORT	1.2 NAME	
STREET ADDRESS	22759F MANDEVILLE PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBALA, BERNARD	2.2 NAME	
STREET ADDRESS	300 E 54TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAMM, ERIK	3.2 NAME	
STREET ADDRESS	7258 N.W. 64TH TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report with an address.

SIGNATURE: [Signature] **Henbort M. NAMM** [Signature] **305-978-7027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Telephone #)