

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015524 (9)

1. Corporation Name

SHADOWBOX COLLECTIBLES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

249 LAVILLA DR
MIAMI SPRINGS FL 33166

Mailing Address

249 LAVILLA DR
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0474033

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MEYERS, WILLIAM G
249 LAVILLA DR
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MEYERS, WILLIAM G

STREET ADDRESS

249 LAVILLA DR

CITY - ST - ZIP

MIAMI SPRINGS FL 33166

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

4/9/95

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 110.07(3)(4), 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:

W. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(305) 621-1000
Lynette Hume