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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90006 091 *****8.75
05-14-1999 90006 092 ***150.00

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DOCUMENT # P96000068838

1. Corporation Name
ALL AMERICAN COLLECTIBLES, INC.

Principal Place of Business	Mailing Address
2932-1 UNIVERSITY BLVD. JACKSONVILLE FL 32217	1700-7 WELLS RD ORANGE PARK FL 32073 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/15/1996

2. Principal Place of Business	2a. Mailing Address
21 2177 Kingsley Ave.	26 2177 Kingsley Ave.
Suite, Apt. #, etc. 22 #27	Suite, Apt. #, etc. 27 #27
City & State 23 Orange Park, FL	City & State 28 Orange Park, FL
Zip / Country 24 32073 25 USA	Zip / Country 29 32073 30 USA

4. FEI Number: 59-3435189 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMOAK, LINDA
1700-7 WELLS RD
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name: LINDA SMOAK
82 Street Address (P.O. Box Number is Not Acceptable): 2177 Kingsley Ave. #27
83
84 City: Orange Park FL 85 Zip Code: 32073

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: Linda D. Smoak — LINDA D. SMOAK — 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	SMOAK, LINDA D		1.2 NAME	LINDA D. SMOAK	
STREET ADDRESS	1700-7 WELLS RD		1.3 STREET ADDRESS	2177 Kingsley Ave. #27	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VPST	☐ DELETE	2.1 TITLE	VP/ST	☒ Change ☐ Addition
NAME	SHOAK, JAMES H		2.2 NAME	JAMES M. SMOAK	
STREET ADDRESS	1700-7 WELLS RD		2.3 STREET ADDRESS	2177 Kingsley Ave. #27	
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP	Orange Park, FL 32073	
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		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Linda D. Smoak, LINDA D. SMOAK PRES. 4/20/99 904-276-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #