FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 513260 (0)

1. Corporate Name
A HOUSE OF TROPHIES, INC.

Principal Place of Business
1512 N E 4TH AVENUE
FT LAUDERDALE FL 33304

Mailing Address
1512 N E 4TH AVENUE
FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1976
3a. Date of Last Report: 05/01/1994

2. Registered Agent Name
21 "SAME"

2a. Mailing Address
26

Suite, Apt. # or Bldg.
22

Suite, Apt. # or Bldg.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number: 59-1692084 — 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

9. Name and Address of Current Registered Agent
NELSON, KARL
1512 N E 4TH AVENUE
FT. LAUDERDALE FL

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	NELSON, KARL	NAME	
STREET ADDRESS	1512 N E 4TH AVENUE	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE, FL 00000	CITY, ST, ZIP	
TITLE	TSD	TITLE	☐ Change ☐ Addition
NAME	NELSON, SUSAN	NAME	
STREET ADDRESS	1512 N E 4TH AVENUE	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE, FL 00000	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and correct and that I am a director or officer of the corporation or a person authorized by the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, with an asterisk.

SIGNATURE: Karl Nelson KARL NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 305-763-1477
Daytime Phone #

0211202 CP