4-17-98 B 4964 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 559250

COCOA FL 32922

(6)

COLLECTABLE IMAGES, INC.

FILED Apr 17 1998 8:00am Secretary of State

1 (88)AN 1140 BAHA 1148 MAN ANKARAK BAK BAHA 1141 BAHA BAHA BAHA BAHA 1801

Principal Place of Business		Mailing Address		T JOOODJ DATOT OTINE BRAID HIBDA BIHAT OBJA OTOKS OTOMS OTOJS OTOJS OTOJS OTOJS OTOJS OTOJS OTOJS		
120 FORREST AVE P.O. BOX 1118 COCOA FL 32923		120 FORREST AVE P.O. BOX 1118 COCOA FL 32923			DO NOT WRITE IN T	HIS SPACE
2. Principal Pla	oe of Business	2a, Mailing Addr	ess		02/08/1978 4. FEI Number	Applied For
1		26		59-1812875	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	} 		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	7φ 29	30 Co.	intry	This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible Yes No
g, Name and Address of Current Registered Agent					10. Name and Address of New Registe	ered Agent
	DER, LOIS G FORREST AVE	•	•	81 Name	trace (P.O. Boy Number is Not Acceptable)	

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

В3

City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, systed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PVO	☐ DELETE	1.1 TITLE	Change Addition					
NAME	FELDER, LOIS G.		1,2 NAME						
STREET ADDRESS	120 FORREST AVE		1.3 STREET ADDRESS						
CITY - ST - ZIP	COCOA, FL 00000		1.4 CITY - ST - ZIP	32922					
TITLE	\$T	☐ DELETE	2.1 TITLE	Change Addition					
NAME	FELDER, LOIS G		2.2 NAME						
STREET ADDRESS	120 FORREST AVE		2.3 STREET ADDRESS						
CITY-ST-ZIP	COCOA, FL 00000		2. 4 CITY - ST - ZIP	32922					
TITLE		DELETE	3.1 THTLE	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						
TITUE		DELETE	61 THLE	Change Addition					
NAME			6.2 NAME						
STREET ADDRESS	:		6.3 STREET ADDRESS						
CITY-ST-ZiP	<i>F</i>		8.4 CITY - ST - ZIP						

14. Thereby 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.

SIGNATURE: Xxiv & Feber Lois G. Felder

4-11-98 (407)636-6914

Zip Code