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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	JAL REPORT 1998	Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
	MENT # F75237 COLLECTIBLES, INC.	' (0)			
Principal Plac	ce of Business	Mailing Address			
45 N.E. 39TH STREET P.O. BOX 370565		259 W 33 ST. MIAMI BCH, FL 33140			
MIAM1 FL 33137				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
US				04/06/1982	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2179706	Not Applicable
Suite, Apt.	#, Otc.	Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Ζ(p 29	Country	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible X Yes No
24	9, Name and Address of Curren			10. Name and Address of New Register	
	WITSCHKA, REINER		81 Name		
	9 W. 33 STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI BCH. FL 33140			83		
			84 City		- 85 Zip Code
			1 1 - 1	F	•L
11. Pursuant	to the provisions of Sections 607.050; registered agent, or both, in the State	P and 607.1508, Florida Statutes of Florida, Such-change was au	, the above-named corp thorized by the corporal	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. Le	am tabliliar with, and accept the obliga	itions of, Section 607,0505, Flori	da statules ACS (TSCHA	un 1-7-	- 98
SIGNATURE	Storature, typed or printed numberal registered age		Rogistered Agent signature requir		1
12.	OFFICERS AND	DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD LAMITOCHIVA DEINIED	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADORESS	LAWITSCHKA, REINER 259 WEST 33RD STREET		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY - ST - ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	LAWITSCHKA, RUTH		2.2 NAME	•	
STREET ADDRESS	259 WEST 33RD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	DELETE	2. 4 CITY- ST-ZIP 3.1 TITLE		Change Addition
NAME		in otter	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TDLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		DELFTE	61 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY ST. 7IP			6.4 CHY-S1-7IP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption a 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 of 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 in an attachment with an address.

1/7/08 20000

FILED

Jan 20 1998 8:00am