

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K27365 (1)

1. Corporation Name
COLLECTOR HISTORICAL PRINTS, INC.

Principal Place of Business

Mailing Address

211 S GUNLOCK AVE
TAMPA FL 33609
US

P. O. BOX 18661
TAMPA FL 33679-8661
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/01/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2895879	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REEVES, RICHARD W. 100 NORTH TAMPA ST. STE. 2800 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number Not Acceptable)			
				3107 1/2 N. Julia Circle			
				83			
				84 City			
				Tampa			
				FL			
				85 Zip Code			
				33629			

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 *Richard W. Reeves* (NOTE: Registered Agent signature required when reinstating) DATE 1-12-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REEVES, RICHARD W., JR.			1.2 NAME			
STREET ADDRESS	211 GUNLOCK AVE., SOUTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REEVES, RICHARD W.			2.2 NAME	3107 1/2 N. Julia Circle		
STREET ADDRESS	4907 PILGRIMS PATHWAY			2.3 STREET ADDRESS	Tampa, FL 33629		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REEVES, JUDITH C			3.2 NAME	3107 1/2 N. Julia Circle		
STREET ADDRESS	4907 PILGRIMS PATHWAY			3.3 STREET ADDRESS	Tampa, FL 33629		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REEVES, CHERYL J			4.2 NAME			
STREET ADDRESS	211 GUNLOCK AVE SOUTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 in an attachment with an address.

SIGNATURE: *Richard W. Reeves* 1/12/98 813/839-7791

CR2E034 (10/97)