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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K27365

1. Corporation Name
COLLECTOR HISTORICAL PRINTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 211 S GUNLOCK AVE TAMPA FL 33609 US		Mailing Address P. O. BOX 18661 TAMPA FL 33679-8661 US	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23		27 City & State 28	
24 Zip 25 Country		29 Zip 30 Country	
9. Name and Address of Current Registered Agent REEVES, RICHARD W. 3107 1/2 N JULIA CIRCLE STE. 2000 TAMPA FL 33629		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is 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 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 DV	NAME REEVES, RICHARD W., JR.	1.1 TITLE DP	1.2 NAME
STREET ADDRESS 211 GUNLOCK AVE., SOUTH	CITY-ST-ZIP TAMPA FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP 33609
TITLE DP	NAME REEVES, RICHARD W.	2.1 TITLE DV	2.2 NAME
STREET ADDRESS 30175 N JULIA CIRCLE	CITY-ST-ZIP TAMPA FL 33629	2.3 STREET ADDRESS 3107 1/2 N. Julia Circle	2.4 CITY-ST-ZIP
TITLE DS	NAME REEVES, JUDITH C	3.1 TITLE	3.2 NAME
STREET ADDRESS 31075 N JULIA CIRCLE	CITY-ST-ZIP TAMPA FL 33629	3.3 STREET ADDRESS 3107 1/2 N. Julia Circle	3.4 CITY-ST-ZIP
TITLE DT	NAME REEVES, CHERYL J	4.1 TITLE	4.2 NAME
STREET ADDRESS 211 GUNLOCK AVE SOUTH	CITY-ST-ZIP TAMPA FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP 33609
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard W. Reeves* **Vice President** **1-18-99** **813/839-7791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)