SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



PROFIT CORPORATION ANNUAL REPORT 1996	Sandra Secre	ARIMENT OF STATE B Mortham lary of State CORPORATIONS		
DOCUMENT # L2690	02 (1)			
COMIC WAREHOUSE, INC.				
Principal Place of Business	Mailing Address		- I (BO)(O)) BIO (IDIO DINO JONI GOVIO VIOL	Billi Billit Zilli Billit mibre Biber ende
1029 AIRPORT RD N	1029 AIRPORT RD N #B-6			
NAPLES FL 33942	NAPLES FL 32542	34104	 Date Incorporated or Qualified 10/26/1989 	3a. Date of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0169019	Applied For Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Company	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Country	28 Zip	Country	8. This corporation has liability for in Florida Statutes	Yes X No
9. Name and Address of Cu		30	10. Name and Address of New Rec	istered Agent
	MICH REGISTERO AGOIN	81 Name		
KOBZINA, ROBERT A., JR 1029 AIRPORT RD N		82 Street Ad	Address (P.O. Box Number is Not Acceptable)	
#B-6 NAPLES FL 33942 354 164	1	83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent I are family with, and accept the C	onligations of Section 607.0505	Florida Stabiles	sext A-Kobzina D	R-Pres 6/22/
Signature typed or a medical electrogister 12. OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D	DELETE	1 1 TITLE		Change Ad:

85 Zip Code urpose of changing its registered the appointment as registered 6/22/96 R-Pas CERS AND DIRECTORS IN 12 Change Addition KOBZINA, ROBERT A., JR. NAME 1.3 STREET ADDRESS 2196 SUNSHINE BLVD STREET ADDRESS 1 4 CITY - ST - ZIP NAPLES FL CITY-ST-ZIP Change Addition DELETE 21 TITLÉ TITLE 2.2 NAME KOBZINA, CHRISTINA H.S. NAME 2.3 STREET ADDRESS 2196 SUNSHINE BLVD STREET ADDRESS 2 4 CITY - ST - ZIP NAPLES FL CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST ZIP CITY - ST - ZIP Change Addition DELETE 4 1 THLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST- ZIP Charige Addition DELETE 5.1 DILE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 TULE TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - SI - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily turnshed and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on it. s annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, that I have no efficient or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or flock 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNI

6/22/96 941 (043/020)

(3/36)

Applied for Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees