File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB 22 AM 9: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECKETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L98000002860 1a. Principal Place of Business Address FIRST CLASS BEARS, LLC 130 EAST MCNAB ROAD 130 EAST MCNAB ROAD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/24/1998 Suite Apt #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0876369 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zφ Country \$8.75 Additional Fee Required NONE 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CASOLA, ROBERT 130 EAST MCNAB ROAD Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 Suite, Apl. #, etc Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment). (NOTE: Registered Agent's grature reduced when remains up Managing Members/Managers Rusiness Street Address 10. Title City, State and Zip Code MGR R.K. COLLECTIBLES, INC 130 EAST MCNAB ROAD POMPANO BEACH FL MGR CASOLA, ROBERT 130 EAST MCNAB ROAD POMPANO BEACH FL MGR BERGER, KATE 130 EAST MCNAB ROAD OMPANO, BRACHEFU. -01032---013 ****197.50 400002789034---02/26/93--01092--013 ****197.50 ****197. 11 I do 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 is true and accurate and that my signature shall have the same legal effect as it made under eath, that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes, and that my name apppars in Block 10, or on an attachment with an address.

S.CHATURE AND TYPET ORGENIATED DAME OF SIGNAL MANAGEMEN MEMBER OF MARIA, A R.

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SIGNATURE: