

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005626 (6)**

1. Corporation Name

**TAMPA COLLECTORS CLUB, INC.**

Principal Place of Business

Mailing Address

P O BOX 24831  
TAMPA FL 33623-4831

P O BOX 24831  
TAMPA FL 33623-4831



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified <b>11/15/1994</b>	
4. FEI Number <b>59-6133906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CARTER, WAYNE 205 S HOOVER ST SUITE 405 TAMPA FL 33609	

10. Name and Address of New Registered Agent	
81 Name	<b>ROGG, SHELDON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9225 RAINBOW LANE</b>
83	<b>PORT</b>
84 City	<b>PORT RICHEY FL</b>
85 Zip Code	<b>34668</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sheldon Rogg* **MARCH 23 1998**

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CARTER, WAYNE</b>
STREET ADDRESS	<b>205 S HOOVER ST #405</b>
CITY-ST-ZIP	<b>TAMPA FL 33609</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>ARTZE, JOSEPH</b>
STREET ADDRESS	<b>4612 N LINCOLN AVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33614</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>LYONS, EDWARD</b>
STREET ADDRESS	<b>4310 AKITA DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>ROGG, SHELDON</b>
STREET ADDRESS	<b>9225 RAINBOW LN</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESDOM</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CLARK, GARY</b>
1.3 STREET ADDRESS	<b>5623 SAILFISH DR.</b>
1.4 CITY-ST-ZIP	<b>TAMPA FL 33549</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sheldon Rogg* **MAR 23 1998 (813)8487697**

CR2E037 (10/97)