## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P21571 1. Corporation Name

WORLD'S FAIR COLLECTORS SOCIETY, INC.

Principal Place of Business 6639 WATERFORD LANE SARASOTA FL 34238

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

6639 WATERFORD LANE SARASOTA FL 34238

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90023 022 \*\*\*\*70.00



3. Date Incorporated or Qualifed

10/25/1988

11-2449028

4. FEI Number

	e	City at 3	late			5. Certificate of Status Desired	X	<b>V</b> - · · ·	Additional
:3		28							equired
Zip	Country	Zip	<b></b>	Country		6. Election Campaign Financing		•	May Be
4	25	29	30	<u> </u>		Trust Fund Contribution			to Fees
	9. Name and Address of Current F	legistered Age	ent		l	10. Name and Address of New	Registered A	\gent	<del> '</del>
	•			81	Name				
ICARD MERRILL CULLIS TIMM FUREN GINSBURG				82	Street Address (P.O. Box Number is Not Acceptable)				
ATTN: F. THOMAS HOPKINS, III				83		1,1,11			
2033 MAIN STREET, SUITE 600				1					
SARASOT	Ä FL 34237			84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such d	change was auth 617.0503, Florida	orized by a Statutes	the corporati	on's board of directors. I nereby acce	pt the appoin	changing its tment as re	s registered agistered
	Signature, typed or printed name of registered agent ar		(NOTE: Re		nt signature require	ed when reinstating)	DATE	DIDECT	ODC IN 12
12.	OFFICERS AND		7.5	13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE	C	L	DELETE	1.1 TITLE				☐ Change	[] Addition
NAME	STEVE SHEPPARD			1.2 NAME					
STREET ADDRESS	2500 JOHNSON AVE.			1.3 STREET	T ADDRESS				
CITY-ST-ZIP	BRONX NY 10463			1.4 CITY-S	T-ZIP		<del> </del>		
TITLE	P	[	DELETE	2.1 TITLE				☐ Change	Addition
NAME	PENDER, MICHAEL R.			2.2 NAME					
STREET ADDRESS	6639 WATERFORD LANE			2.3 STREET	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-5	ST-ZIP				
TITLE	PP	[	☐ DELETE	3.1 TITLE				Change	Addition
NAME	SCHNEIDER, WILLIAM			3.2 NAME					
STREET ADDRESS	63-43 78TH STREET			3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIDDLE VILLAGE NY			3.4. CITY- 9	ST-ZIP				
TITLE .	ST	[	DELETE	4.1 TITLE				Change	☐ Addition
NAME	PENDER, FRANCINE J.			4. 2 NAME					
STREET ADDRESS	6639 WATERFORD LANE			4.3 STREE	TADDRESS				4 ° - 4
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-S				•	1
TITLE	D D		DELETE	5.1 TITLE	-			Change	☐ Addition
NAME	RADER, ROBERT			5.2 NAME					
STREET ADDRESS	l'			5.3 STREE	TADORESS				
				5.4 CITY-S	1				
CITY-ST-ZIP TITLE	ORLANDO FL		DELETE	6.1 TITLE			·	Change	Addition
	D DIVON THOMAS	ı	1-	6.2 NAME				_ •	
NAME	DIXON, THOMAS			6.3 STREE	TADDRESS				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6.4 CITY-S					
CITY-ST-ZIP	CORAL GABLES FL 33134 certify that the information supplied with	this filing de	not qualify for the			Section 119 07/3\(i) Florida Statutos	I further cort	ify that the	information
14. Thereby (	cerury that the information supplied with t	uns ming does	not quality for th	e exempt	ION STATED IN	occurr i is.ur(o)(i), riunua aiaiutes.	i initiali cell	ny matule	,,,omaion

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, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable