

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P92000014635 (6)**

95 APR 25 AM 7:56

1. Corporation Name

FINISH LINE COLLECTIBLES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1993

05/01/1994

4. FEI Number

59-3155314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.002,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **615 US HIGHWAY A1A N**

26 **615 US HIGHWAY A1A N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 105**

27 **SUITE 105**

City & State

City & State

23 **PONTE VEDRA BCH, FL**

28 **PONTE VEDRA BCH, FL**

24 **32082**

Country

25 **ST JOHNS**

29 **32082**

Country

30 **ST JOHNS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, ARTHUR F
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

B1 Name

WEST, ARTHUR F.

B2 Street Address (P.O. Box Number is Not Acceptable)

SUITE 105

B3

615 US HWY A1A N.

B4 City

PONTE VEDRA BCH

FL

B5 Zip Code

32082

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WEST, ARTHUR F
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D
WEST, ARTHUR F.
STE 105, 615 US HWY A1A N.
PONTE VEDRA BCH, FL 32082

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur F. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95

Date

904-285-6227

Telephone Number