FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044000 (6)

THE BASEBALL & SPORTS CARD EXCHANGE, INC.

FILED Apr 17 1998 8:00am Secretary of State



									[]
Principal Place of Business Mailing Address								e., e.e., ee., ee	
30 WEST GRA		30 WEST GRANADA BLVD. ORMOND BEACH FL 32176			22.11	OT 1 10/TE 11 T 110			
							OT WRITE IN THIS	SPACE	
						 Date Incorporated or 0 06/18/1993 	Demisor		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		TA _r	oplied For
21		26				59-3186084			ot Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.			, ,		🗂		Additional
22		27				Certificate of Status De	esired		equired
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contributio	n 🔲	Added	to Fees
Zip	Country	Zip	 	intry		This corporation owes			
24	25	29	30	r		Personal Property Tax			No
20	g, Name and Address of Currer	it Hegistered Agent		81	Name	10. Name and Address of	new registered	Agent	
SPAULDING, ROGER A 55 LONGWOOD DRIVE									
	MOND BEACH FL 32176		82 Street Ac			ss (P.O. Box Number is Not	Acceptable)		
CHMOND BEACHTE SELLO				83					
				84	City		FI	85 Zip	Code
11, Pursuant t	to the provisions of Sections 607.050)2 and 607.1508, Florida Stat	tutes, the al	Dove	-named corp	ation submits this statemer	t for the purpose	of changing i	ts registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa ations of, Section 607.0505,	is authorize Florida Stat	d by tutes.	the corpora	n's board of directors. I her	eby accept the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered age	est and tille if applicable (N	IO1F Registores	d Agen	Il signature requi	when reinstaling)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	Р/Т			1.1 TITLE 1.2 NAME				☐ Change	☐ Addition
NAME	JEFFREY J. BOYLE		1.2 N/						1
STREET ADDRESS	30 WEST GRANADA BLVD.		1.3 \$1	1.3 STREET ADDRESS					1
CITY-ST-ZIP	ORMOND BCH FL 32174				- ZIP			- H A	
TITLE	V/S DEL SUSAN H. BOYLE		2.1 10					Change	Addition
NAME	30 WEST GRANADA BLVD			2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
STREET ADDRESS	ORMOND BCH FL 32174								
CITY-ST-ZIP TITLE	Official Boff E SETT	2. 4 C 3.1 To		I - ZIP			Change	Addition	
NAME	DELETE 3.11						Ondrigo		
STREET ADDRESS			- ₽		ADDRESS				ŀ
CITY-ST-ZIP	=		•	(TY-\$1					
TITLE		DELETE	4,1 Tri			•		Change	Addition
NAME			4. 2 N	AME				_	
STREET ADDRESS			4.3 ST	REET A	ADORESS				
CITY-ST-ZIP	`		4.4 CI	TY-ST	- ZIP				
TITLE		DELETE	5.1 70					☐ Change	Addition
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP				
TITLE	DELET		6.1 TI	TLE				Change	Addition
NAME			6.2 NA	AME					
STREET ADDRESS			6.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CI	1Y-\$T	- 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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