

**CORPORATION
ANNUAL REPORT
1999**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044000
1. Corporation Name
THE BASEBALL & SPORTS CARD EXCHANGE, INC.

Principal Place of Business
**30 WEST GRANADA BLVD.
ORMOND BEACH FL 32176**

Mailing Address
**30 WEST GRANADA BLVD.
ORMOND BEACH FL 32176**

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90002 008 ***150.00
07-16-1999 90011 008 ***400.00

1. ORIGINAL FILED WITH THE SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/18/1993		59-3186084		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax.		8. This corporation owes the current year intangible Personal Property Tax.		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPAULDING, ROGER A 55 LONGWOOD DRIVE ORMOND BEACH FL 32176				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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	P/T	DELETE		1.1 TITLE	Change Add		
NAME	JEFFREY J. BOYLE			1.2 NAME			
STREET ADDRESS	30 WEST GRANADA BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BCH FL 32174			1.4 CITY-ST-ZIP	Change Add		
TITLE	V/S	DELETE		2.1 TITLE	Change Add		
NAME	SUSAN H. BOYLE			2.2 NAME			
STREET ADDRESS	30 WEST GRANADA BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BCH FL 32174			2.4 CITY-ST-ZIP	Change Add		
TITLE		DELETE		3.1 TITLE	Change Add		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Change Add		
TITLE		DELETE		4.1 TITLE	Change Add		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Change Add		
TITLE		DELETE		5.1 TITLE	Change Add		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Change Add		
TITLE		DELETE		6.1 TITLE	Change Add		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Change Add		

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, with all other like empowered.

SIGNATURE:

Jeffrey J. Boyle
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-99

904-677-131

Date

Daytime Phone #