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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:00

DOCUMENT # P93000047961 (6)

1. Corporation Name
BASEBALL CARD CITY, INC.

Principal Place of Business	Mailing Address
7536 SEABREEZE DR. LAKE WORTH FL 33467	7536 SEABREEZE DR. LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6169 Jog Rd	26 6169 Jog Rd
22 Suite, Apt. #, etc. A-6	27 Suite, Apt. #, etc. A-6
23 City & State Lakeworth, Fla	28 City & State Lakeworth, Fla
24 Zip 33467 25 Country USA	29 Zip 33467 30 Country USA

4. FEI Number: 65-0427092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINNELL, JOHN W
7536 SEABREEZE DR.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: Norman Michael Price
82 Street Address (P.O. Box Number is Not Acceptable): 6169 Jog Rd (A-6)
83
84 City: Lakeworth FL 85 Zip Code: 33467

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: Norman M. Price NORMAN M. PRICE PRESIDENT 5/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	President ☐ Change ☒ Addition
NAME	FINNELL, JOHN W ← Delete	12 NAME	Norman M. Price
STREET ADDRESS	7536 SEABREEZE DR.	13 STREET ADDRESS	6190 NW 33 Terrace
CITY-ST-ZIP	LAKE WORTH FL 33467	14 CITY-ST-ZIP	Ft Lauderdale Fla 33309
TITLE		21 TITLE	Vice-President ☐ Change ☒ Addition
NAME		22 NAME	Merrilee Ehrlich-Price
STREET ADDRESS		23 STREET ADDRESS	6190 NW 33 Terrace
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft Lauderdale Fla 33309
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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.

SIGNATURE: Norman M. Price Norman M. Price 4-24-95 (407) 641-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0272709 CP