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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000047961 (6)

1. Corporation Name

BASEBALL CARD CITY, INC.

Principal Place of Business

6169 JOG RD
A-6
LAKE WORTH FL 33467
US

Mailing Address

6169 JOG RD
A-6
LAKE WORTH FL 33467-6579
US

2. Principal Place of Business

21 6346-72 LANTANA RD
Suite, Apt. #, etc.

2a. Mailing Address

26 6346-72 LANTANA RD.
Suite, Apt. #, etc.

City & State

23 LAKE WORTH FL

City & State

28 LAKE WORTH, FL.

Zip

24 33463

Country

25 U.S.A.

Zip

29 33463

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PRICE, NORMAN MICHAEL
6169 JOG RD A-6
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

81 Name

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

6346-72 LANTANA ROAD

83

84 City LAKE WORTH

FL

85 Zip Code 33463

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PRICE, NORMAN M
STREET ADDRESS 6190 NW 33RD TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VP
NAME EVLIECH, PRICE M
STREET ADDRESS 6190 NW 33RD TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6346-72 LANTANA ROAD
1.4 CITY-ST-ZIP LAKE WORTH FL 33463

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

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

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

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

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

14. I do 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 in 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 PRICE 4/14/97 561-641-0632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0330894

CR2E034 (9/96)