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 # P93000064448 (2)

HEIRLOOM COLLECTIBLES, INC.

Principal Place of Business 2516C MCMULLEN-BOOTH ROAD CLEARWATER FL 34619

Mailing Address

2516C MCMULLEN-BOOTH ROAD CLEARWATER FL 34619

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Α .	Applied For		
21		26		59-3201705			lot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		= C-different of Chatta Desired		\$8.75	Additional		
27		27	·		5. Certificate of Status Desired	ш.	Fee F	Required	
	City & State City & State				6. Election Campaign Financing		\$5.00	May Be	
23 28					Trust Fund Contribution	_ 🗆 _	Added	l to Fees	
Zip	Country Zip			Country 8. This corporation owes of has paid the current year Intangible					
24	25 29 30								
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
ZEPPENFELD, ALVIN H				Name				i	
2824 MEADOW HILL DRIVE, N				82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34621				83					
				City		FL	185 Zip	Code	
Durant to the provisions of Septemb 507 0503 and 507 1509. Florida Statutes, the shows 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 reinstating) DATE									
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTÓ	RS IN 12	
TITLE	DĊ	DELETE	1.1 TITLE				Change	Addition	
NAME	ROPER, MARGARET L		1.2 NAME						
STREET ADDRESS			1.3 STREE	T ADDRESS		•			
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-						
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	ZEPPENFELD, ALVIN H	D. ALVIN H							
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-		•	2			
TITLE			3.1 TITLE	37 28			Change	☐ Addition	
NAME			3.2 NAME				-		
STREET ADDRESS				T ADDRESS					
			3.4. CITY-						
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	31-4IF			Change	Addition	
NAME			4. 2 NAME						
				T ADDRESS					
STREET ADDRESS			1						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-: 5.1 TITLE	SI-ZIP			Change	Addition	
TITLE			1	}					
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS	,				
CITY-ST-ZIP		DELETE	5.4 CITY-1	ST-ZIP			Change	Addition	
FITLE		ן חנדנור היים חרדנור היים היים היים היים היים היים היים היי	6,1 TITLE				onange		
NAME			6.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY - ST - ZIP		3.1.200	6.4 CITY-	ST-ZIP	0 - K - 110 07/0/6 Firstle Oter 1	1 6,		- Information	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information									

a childer report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am are eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chosen with an address.

SIGNATURE: