

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000078876 (8)

1. Corporation Name

CUSTOM CLUBS & COLLECTIBLES, INC.



Principal Place of Business

415C PINEDA CT.  
MELBOURNE FL 32940  
US

Mailing Address

415C PINEDA CT.  
MELBOURNE FL 32940  
US

3. Date Incorporated or Qualified

11/09/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ODDE, JOHN  
601 N. A1A  
INDIALANTIC FL 32903

81. Name

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

83.

84. City

FL

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 date of signature

(DATE) Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ODDE, JOHN	
STREET ADDRESS	601 N. A1A	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, WILLIAM J.	
STREET ADDRESS	2225 ATZ ROAD	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<del>JOHN CHARLES</del>
3. STREET ADDRESS	<del>968 BRUNSWICK LN</del>
4. CITY-ST-ZIP	<del>ROCKLEDGE FL 32940</del>
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	DIRECTOR
7. STREET ADDRESS	CHARLES E. NOLAN JR
8. CITY-ST-ZIP	968 BRUNSWICK LN
9. CITY-ST-ZIP	ROCKLEDGE FL 32955
10. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-ST-ZIP	
14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. 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)(k), 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: Charles E. Nolan Jr. 6/25/96 407 2599497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)