

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25, 1996 08:00 AM
Secretary of State

DOCUMENT # P93000079617 (5)

1. Corporation Name

ALL SPORTS CARDS & COMICS, INC.



Principal Place of Business

3237 N. STATE ROAD 7
MARGATE FL 33063

Mailing Address

3237 N. STATE ROAD 7
MARGATE FL 33063

3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2620 NW 123 Dr

26 2620 NW 123 Dr

4. FEI Number
65-0486858

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Coral Springs FLA.

28 Coral Springs FLA.

24 Zip

Country

29 Zip

Country

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

33065

25 Broward

33065

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSHUA, PAULETTE
2620 NW 123 DRIVE
CORAL SPRINGS FL 33065

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Paulette Joshua, Tres.

4/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME JOSHUA, ELTON
STREET ADDRESS 2620 NW 123 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME GARGIULO, GARY
STREET ADDRESS 3035 PERWINKLE CIRCLE
CITY-ST-ZIP DAVIE FL 33328

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96

954-752-2091

CR2E034 (12/95)