

**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

**DOCUMENT # P93000084361 (3)**

1. Corporation Name  
**BASEBALL CARD EXCHANGE, INC.**



Principal Place of Business: **11435-H WEST PALMETTO PARK ROAD BOCA RATON FL 33428**  
Mailing Address: **11435-H WEST PALMETTO PARK ROAD BOCA RATON FL 33428**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/09/1993</b>	3a. Date of Last Report <b>12/19/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0463297</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>DEMASI, JAMES</b> <b>8930 C SW 19TH ST</b> <b>BOCA RATON FL 33433</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11	NAME
NAME	<b>DEMASI, JAMES</b>	12	NAME
STREET ADDRESS	<b>8930-C S.W. 19TH STREET</b>	13	STREET ADDRESS
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	14	CITY-ST-ZIP
TITLE		21	NAME
NAME		22	NAME
STREET ADDRESS		23	STREET ADDRESS
CITY-ST-ZIP		24	CITY-ST-ZIP
TITLE		31	NAME
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY-ST-ZIP		34	CITY-ST-ZIP
TITLE		41	NAME
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY-ST-ZIP		44	CITY-ST-ZIP
TITLE		51	NAME
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY-ST-ZIP		54	CITY-ST-ZIP
TITLE		61	NAME
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 certifies 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 for on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **5-1-96**

CR2E034 (12/95)