

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000014975 (4)

1. Corporation Name
TROPHY WAREHOUSE, INC.



Principal Place of Business: 8037 NW 72 STREET TAMARAC FL
Mailing Address: 8037 NW 72 STREET TAMARAC FL

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business
21 2401 Ecuadorian Way
Suite, Apt #, etc.: Unit 27
City & State: Clearwater
Zip: 34623
Country: [Blank]
2a. Mailing Address
26 P.O. Box 122
Suite, Apt #, etc.: [Blank]
City & State: Safety Harbor FL
Zip: 34695
Country: [Blank]

4. FEI Number: 65-0359443
APPLIED FOR
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [X] No

9. Name and Address of Current Registered Agent
KELLEY, ALDRICH & WARREN, P.A.
222 LAKE VIEW AVENUE
ESPERANTE, SUITE 360
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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] Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P
NAME	WARREN, MARTIN B	12 NAME	Jeffrey Kleinberg
STREET ADDRESS	8037 N.W. 72ND STREET	13 STREET ADDRESS	P.O. Box 122 N/A
CITY - ST - ZIP	TAMARAC FL 33321	14 CITY - ST - ZIP	Safety Harbor, FL 34695
TITLE	[Blank]	21 TITLE	[Blank]
NAME	[Blank]	22 NAME	[Blank]
STREET ADDRESS	[Blank]	23 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	24 CITY - ST - ZIP	[Blank]
TITLE	[Blank]	31 TITLE	[Blank]
NAME	[Blank]	32 NAME	[Blank]
STREET ADDRESS	[Blank]	33 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	34 CITY - ST - ZIP	[Blank]
TITLE	[Blank]	41 TITLE	[Blank]
NAME	[Blank]	42 NAME	[Blank]
STREET ADDRESS	[Blank]	43 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	44 CITY - ST - ZIP	[Blank]
TITLE	[Blank]	51 TITLE	[Blank]
NAME	[Blank]	52 NAME	[Blank]
STREET ADDRESS	[Blank]	53 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	54 CITY - ST - ZIP	[Blank]
TITLE	[Blank]	61 TITLE	[Blank]
NAME	[Blank]	62 NAME	[Blank]
STREET ADDRESS	[Blank]	63 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	64 CITY - ST - ZIP	[Blank]

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TITLE	[Blank]	61 TITLE	[Blank]
NAME	[Blank]	62 NAME	[Blank]
STREET ADDRESS	[Blank]	63 STREET ADDRESS	[Blank]
CITY - ST - ZIP	[Blank]	64 CITY - ST - ZIP	[Blank]

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Jeffrey Kleinberg 7/10/96 305-726-8571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)

CR2E034 (3/96)