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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P04000000000 (E)	
1. Corporation Name	P94000030003 (5)	
BASEBALL CARDS (	CLUBHOUSE II, INC.	

Principal Place of Business Mailing Address					I DOGITORI IND 19174 FIDIN BOIN BOIN BOIN BOING BHAI BOIN BOIN BOIN BOIN BOIN BOIN BOIN BOI		
PHILE THE STATE OF	INTERIOR AVE	TAN	W HILLESOMOLIC IPA FL 33615	H-AVE			
Varia	4 Cc 336	44 6	Soul			Date Incorporated or Qualified 04/13/1994	3a. Date of Last Report 07/07/1995
	ace of Business	A	lailing Address			4. FEI Number	Applied For
21 2300	1 By Cawle	Aul 26				59-3237742	Not Applicable
Suite, Apt.		27	uite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	pa PL 3	3612 28	ity & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
201 > X	Country	<u> </u>	ιb	Country	,	8. This corporation has liability for i	<del>_</del> _
24 536	2 Name and Address	29 ss of Current Register	od Ament	30		Florida Statutes Yes	
	9, Name and Address	sa or Current negister	eu Agent	81	Name A	10. Name and Address of New R	agistered Agent
WEINTHE 8446-WEI FAMPA F	SUZANNE ELICOORGUGH AVE EL 33615	-		82 83	Street Add	ress (P.O. Box Number is Not Acceptable Stag Saci	0 v ·
				04	City //	+ (MICO	FL S Zip Code
familiar wi	to the provisions of Section ed agent, or both, in the th, and/account the oblight	AS 607,0502 and 607,1 State of Torida Such cliens of Section 607,05	508, Florida Statut nange was authoriz 05, Florida Statutes	es, the above- ed by the corp s	named corpo ioration's boa	ration submits this statement for the pur and of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
	Signaturation printed her und	tregerines Lageria artisticie il gigi		) E Registered Age	disgnature require	ad when relistanting:	->/.9/96
12.	OI	FICERS AND DIRECTO	" . <u></u>	13.		ADDITIONS/CHANGES TO OFF	
TITLE	WEINTRAUB, SKIP		□ DELETE	1. 1 TITLE			Charige 🔲 Addition
NAME STREET ADDRESS	-0440 W-HILLEROD	OUGULAVE - TAME	Anna Valen	12 NAM			
CITY - ST - ZIP	TAMPA FL	2309	E Fourtex				
TITLE			- 7005CCX	2 1 TITLE	21 - ZIP		Change Addition
NAME			<b>—</b>	2.2 NAME			
STREET ADDRESS				2 3 STREET	ADDRESS		
CITY-ST-ZIP				2.4 CITY - 9	ŀ		
TITLE			☐ DELETE	3 1 TITLE			Change Addition
NAME				3.2 NAMÉ			
STREET ADDRESS				3.3 STREE	f Address		
CITY - ST - ZIP				3.4 CiTY - S	ST - 7/P		
TITLE			□ DELETE	4 1 TITLE			Change Addition
NAME				4 2 NAME			
STREET ADDRESS				4 3 STREET	ADDRESS		
CITY-ST-ZIP			E3 50(1)6	4 4 C TY - S	ST - ZiP		
TITLE			DELETE	5 1 TILE		10000104	Change Addition
NAME STORE LABORESS				5.2 NAME		10000184 -06/04/96010	r <b>さご</b> さ↓ N9N00
STREET ADDRESS				5.3 STREE		***200,00	JJ (JJ)
CHTY-ST-ZIP TITLE	-		DELETE	5 4 CiTy - 5	51 - ZIF		☐ Change ☐ Addition
NAME			L. Detter	6.2 NAME			Change Addition
STREET ADDRESS				6.3 STREET	ADDRESS		5-1-76
CITY-ST-ZIP				6.4 CITY - 5			MER
14. I do hereb	L by certify that the information to the information indicates	on supplied with this file	ng is voluntarily furr			for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

certary trial 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 or an attachment with an address.

SIGNATURE!

VPEO ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-96 Sustanc Promis •