FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 20 PM 3:18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000050291 (1)

1. Corporation Name

SPORTS MEMORABILIA SHOWCASE, INC.

Principal Place of Business	Mailing Address
6830 N. FEDERAL HWY. BOCA RATON FL	6830 N. FEDERAL HWY. BOCA RATON FL

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / County 30

4. FEI Number: 65-0503296 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLATTER, ERIC S ~~100 N.E. 3RD AVE.~~ ~~SUITE 650~~ ~~FORT LAUDERDALE FL 33301~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6830 N FEDERAL HWY 83 84 City BOCA RATON FL 85 Zip Code 33487

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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	KRAF, GIL	1 NAME	
STREET ADDRESS	1115 RUSSELL DR.	1 STREET ADDRESS	
CITY ST ZIP	HIGHLAND BEACH FL 33487	1 CITY ST ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	WILSON, MIKE	2 NAME	
STREET ADDRESS	6830 N. FEDERAL HWY.	2 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	2 CITY ST ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	RAY, GERALD	3 NAME	
STREET ADDRESS	4850 N. 33RD CT.	3 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33021	3 CITY ST ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 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 — GERALD R. RAY — Date 4-24-95 — Daytime Phone (407) 995-4888

0278710 CP

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95 ... PM 2:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000051422 (1)

1. Corporate Name

E.C. INSURANCE CONSULTANTS, INC.

Principal Place of Business: P.O. BOX 830545 MIAMI FL 33183

Mailing Address: P.O BOX 830545 MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994

3a. Date of Last Report:

2. Principal Place of Business: 21 2235 SW 11 TERR.

2a. Mailing Address: 26 2235 S.W. 11 TERR

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State: Miami, FL.

28 City & State: MIAMI, FL

24 Zip: 33135 25 County: DADE

29 Zip: 33135 30 County: DADE

4. FEI Number: 65-0506016 ☐ Applied For ☐ Not Applicable

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

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

8. ... Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WEISBERG, MICHAEL P
1840 CORAL WAY
4TH FLOOR
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	DP
Name	ESTURO, OLIVIA E
Street Address	8536 SW 107TH AVE., APT. D-1
City-St-Zip	MIAMI FL 33173
Title	DV
Name	CINTRON, GEORGE
Street Address	6508 KENDALE LAKES DR.
City-St-Zip	MIAMI FL 33183

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition

Street Address: 2235 SW 11 TERR.
City-St-Zip: Miami, FL. 33135

14. [illegible]

SIGNATURE: [signature] OLIVIA E. ESTURO 4/20/95 (305) 644-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0432364 FP