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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000000538 (5) **DOCUMENT #**

_	~~~	• •	•	•	~	•	•	~	•	•	•	•	٠
1.	Corporation Name												

BRITISH COLLECTIBLES, INC. Mailing Address Principal Place of Business 1715 INDEPENDENCE BLVD.. SUITE B1 1715 INDEPENDENCE BLVD.. SUITE B1



SAHASUIA I	FL 34234		21	ARADOTA FL 34234									
								3. Date Incorporated or Qualified 01/03/1995	3a. Date of Las	st Report			
2. Principal Pla	ace of Busine	ss	2a. N	Nailing Address				4. FEI Number		Applied For			
21			26	26				65-0550113 Not Applica					
Suite, Apt. #	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 -	. 75 Additional ee Required			
City & State	;			City & State				6. Election Campaign Financing	\$5	.00 May Be			
23	<u>L</u>		28					Trust Fund Contribution		ded to Fees			
Zip	7	Country	7	îp	Cor	untry		8. This corporation has liability for it	•	ers 199.032,			
24		25	29		30			Florida Statutes 🗹 Yes	_	- 			
	9. Name	and Address of Curre	nt Registe	red Agent				10. Name and Address of New R	egistered Agent				
	, 					81	Name						
ANDERSON, KENT J ESQ 8075 SO., BENEVA ROAD SUITE 6						82	Street Addre	et Address (P.O. Box Number is Not Acceptable)					
SARASOTA FL 34238						83		· · · · · · · · · · · · · · · · · · ·					
						84	City		FI 85	Zip Code			
or register familiar wit SIGNATURE	ed agent, or th, and accep		rida. Such d olion 607.05	change was authorize 505, Florida Statutes.	d by the	corp		ation submits this statement for the pur d of directors. I hereby accept the appo					
12.	Signature types	OFFICERS A		NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	13.		it adiatina takina	ADDITIONS/CHANGES TO OFFI		CTORS IN 12			
TITLE	T D			DELETE	1.11	TIFLE	T	12511010.07311020 10 0171	Char				
NAME	DAVID.	TIMMIS, WILLIAM A			1.2 N	IAME							
STREET ADDRESS	1	DEPENDENCE BLVI	D., SUITE	B1			ADDRESS						
CITY-ST-ZIP	SARAS	OTA FL 34234	•				iT - ZI₽						
TITLE	D			DELETE	2 1 1			· · · · · · · · · · · · · · · · · · ·	Char	nge 🔲 Addition			
NAME	DAVID 1	TIMMIS, JONATHAN			2.2 N	IAME							
STREET ADDRESS	1715 IN	idependence blvi	D., SUITE	B1	2.3 \$	IREE I	ADDRESS						
CITY-ST-7IP	SARAS	OTA FL 34234			240	PTY-S	ST-ZiP						
TITLE				DELETE	3. 1 1	HILE			☐ Char	ige [] Addition			
NAME					3.2 N	IAME							
STREET ADDRESS					33 5	STREE	I ADDRESS						
CITY-ST-ZIP					340	HTY-S	H-ZiP						
TITLE				DELETE	4. 1 1				Char	nge Addition			
NAME						IAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				Print DE . er e			1 - ŽIP						
TITLE	}			DETELE	5 1 1				Char	ige [] Addition			
NAME					5 2 N								
STREET ADDRESS	}						ADDRESS						
CITY - ST - ZIP				T) DC ETC			61 - ZIP		□ Char	ana C Addition			
TITLE				□ DELETE	6. 1 1	HILE			Char	nge 🔲 Addition			
NAME							l l						
						IAME							
STREET ADDRESS					6.3 S	STREET	AODRESS						

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 18 if changed, or on an attachment with an address.

SIGNATURE: SIGNAL OW THE AND TYPED OR PRINTED NAME OF SIGNAL

JONATHAN TIMMIS 4/29/96 (94) 359-3686.