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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000004260 (2)

1. Corporation Name

PREMIUM SPORTS CARDS, INC.



Principal Place of Business

1140 N.E. 163RD ST.  
SUITE 5  
NORTH MIAMI BEACH FL 33182

Mailing Address

1140 N.E. 163RD ST.  
SUITE 5  
NORTH MIAMI BEACH FL 33162-4517

~~1140 N.E. 191ST APT #407 N.M.B FL 33179~~

2. Principal Place of Business

21 1140 N.E. 191ST

Suite, Apt. #, etc.

22 APT # 407

City & State

23 N.M.B FL

24 33179

Country

25 DADE

2a. Mailing Address

26 1140 N.E. 191ST

Suite, Apt. #, etc.

27 APT # 407

City & State

28 N.M.B FL

29 33179

Country

30 DADE

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

07/18/1996

4. FEI Number

65-0557723

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

MARX, JAMES  
150 S.E. SECOND AVE.  
SUITE 500  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

MARK SPINNER

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

1140 N.E. 191ST APT 407

83

N.M.B FL

84 City

FL

85 Zip Code

33179

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

*Mark Spinner*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME APINNER, MARK  
STREET ADDRESS 1140 N.E. 191ST STREET #407  
CITY - ST - ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME SPINNER, MARK  
1.3 STREET ADDRESS 1140 N.E. 191ST #407  
1.4 CITY - ST - ZIP NORTH MIAMI BEACH FL 33179

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

*Mark Spinner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97  
Date

305 949-4236  
Daytime Phone #

0221408

CR2E034 (9/96)