PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000015712

HAROLD'S STAMPS & COLLECTIBLES, INC.

Fillicipal Flace of Business	,
P.O. BOX 669	
CAPE CORAL EL 33910	

Mailing Address

03-04-1999 90141 011 ***150.00

Mar 04, 1999 8:00 am Secretary of State

		-				!					
.O. BOX 669 APE CORAL FL 33910		P.O. BOX 669 CAPE CORAL FL 33910				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed	Ì				
						02/24/1995					
2. Principal Place of Business 2a. Mailing A			ng Address			4. FEI Number Applied For					
1		26				65-0556113 Not Applicable					
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired \$8.75 Additional Fee Required						
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country 25	Zip 29	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
				81	Name						
2530 SE 24TH CT.			82	Street Address (P.O. Box Number is Not Acceptable)							
			83	_		_					
				84	City	FL 85 Zip Code					

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 r	egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, F	authorized by the corpo	oration's board of dire	ectors. I hereby acce	ept the appointmen	it as reg	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOT	E: Registered Agent signature re	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	13.		S/CHANGES TO O	FFICERS AND DIF	RECTOR	RS IN 12
TITLE	D DELETE	11 TITLE				hange	Addition
NAME	BERNSTEIN, HAROLD	1.2 NAME					
STREET ADDRESS	P.O. BOX 669 N/A	1.3 STREET ADDRESS					
	CAPE CORAL FL 33910	1.4 CITY-ST-ZIP					
CITY-ST-ZIP	DELETE	2.1 TITLE				hange	Addition
NAME	_	2.2 NAME			,		
		2.3 STREET ADDRESS					
STREET ADORESS	. <u></u>	2.4 CITY-ST-ZIP					"
CITY-ST-ZIP	DELETE	3.1 TITLE				hange	Addition
TITLE		3.2 NAME					
NAME		3.3 STREET ADDRESS					
STREET ADDRESS							
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP				hange	Addition
TITLE							
NAME		4, 2 NAME					
STREET ADDRESS	•	4.3 STREET ADDRESS					•
CITY-ST-ZIP	□ octor	4.4 CITY-ST-ZIP				Change	Addition
TITLE	☐ DELETE	51 TITLE				orial igo	
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS		•			
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5 yr .	·	16.44	ai tha in	formation

I 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 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, with all other like empowered.