

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020549 (8)

1. Corporation Name

D & M COLLECTIBLES, INC.



Principal Place of Business

Mailing Address

9510 APRIL ROAD
MIAMI FL 33157

9510 APRIL ROAD
MIAMI FL 33157

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

3/14/95

2. Principal Place of Business

2a. Mailing Address

21 9510 April Rd.

26 9510 April Rd.

4. FEI Number

65-0566960

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

22 City & State

23 Miami, FL

27 City & State

28 Miami, FL

24 Zip

25 33157

Country

USA

29 Zip

30 33157

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
840 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name

Deborah G. Stotts

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

9510 April Rd

83

84 City

Miami

FL

85 Zip Code

33157

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

Deborah G. Stotts

4/15/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME STOTTS, MICHAEL A
STREET ADDRESS 9510 APRIL ROAD
CITY-STATE-ZIP MIAMI FL 33157

TITLE VP ☐ DELETE
NAME Stotts, Deborah G
STREET ADDRESS 9510 April Rd
CITY-STATE-ZIP Miami, FL 33157

TITLE Sec. Treas ☐ DELETE
NAME Stotts, Deborah G.
STREET ADDRESS 9510 April Rd
CITY-STATE-ZIP Miami, FL 33157

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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

DATE

Daytime Phone #

4/15/96

305-378-2530

CR2E034 (12/95)