

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000028493 (1)**

1. Corporation Name

**CAROL LEE'S COLLECTIBLES, INC.**



Principal Place of Business

1721 RIVERSIDE DRIVE  
TITUSVILLE FL 32780

Mailing Address

1721 RIVERSIDE DRIVE  
TITUSVILLE FL 32780

2. Principal Place of Business

21 **P.O. Box 5796**

Suite, Apt. #, etc.

22 **TITUSVILLE, FL.**

City & State

23

24 Zip **32783**

Country

25 **USA**

2a. Mailing Address

26 **6024 E. MCKELLIPS ROAD**

Suite, Apt. #, etc.

27 **MESA, ARIZONA**

City & State

28

29 Zip **85215**

Country

30 **USA**

3. Date Incorporated or Qualified

**04/11/1995**

3a. Date of Last Report

**NOT APPLICABLE**

4. FEI Number

**59-3361112**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$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

**MILLER, RICHARD H  
3751 CANBERRA COURT  
TITUSVILLE FL 32780**

*Now Deceased!*

10. Name and Address of New Registered Agent

81 Name

**CAROL LEE BILLUPS**

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

**1721 RIVERSIDE DRIVE**

83

84 City

**TITUSVILLE**

FL

85 Zip Code **32780**

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

*Carol Lee Billups, President*

(If the filer is not a signatory, the filer must sign and date this statement.)

DATE

**4-30-96**

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
NAME **MCKAY, CAROL L**  
STREET ADDRESS **1721 RIVERSIDE DRIVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D**  DELETE  
NAME **BILLUPS, BILL**  
STREET ADDRESS **1721 RIVERSIDE DRIVE**  
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME **CAROL LEE BILLUPS**  Change  Addition  
1.3 STREET ADDRESS **1721 RIVERSIDE DRIVE**  
1.4 CITY-ST-ZIP **TITUSVILLE, FL 32780** **NAME CORRECT LAST NAME**

2.1 TITLE  
2.2 NAME **WILLIAM G. BILLUPS**  Change  Addition  
2.3 STREET ADDRESS **1721 RIVERSIDE DRIVE** **CORRECT FIRST NAME**  
2.4 CITY-ST-ZIP **TITUSVILLE, FL 32780**

3.1 TITLE  Change  Addition  
3.2 NAME

4.1 TITLE  Change  Addition  
4.2 NAME

5.1 TITLE  Change  Addition  
5.2 NAME

6.1 TITLE  Change  Addition  
6.2 NAME

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:

*Carol Lee Billups, President*  
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-96**  
Date

**1-800-269-9822**  
Dialing Phone #

CR2E034 (12/95)