SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT QUE TO REMISTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000037526 (7) COLLECTIBLES, THE AUTOGRAPH STORE, INC. Principal Place of Business Mailing Address 2001 SOUTH SURF ROAD 2001 SOUTH SURF ROAD HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Date Incorporated or Qualified 3a. Date of Last Report Mailing Address 05/11/1995 Principal Place of Business 4. FEI Number Applied For 21 26 MOQQQQQ Not Applicable Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing bool \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has hability for intangible tax under s. 199 032. 24 25 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 81 Name 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Figrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE_Rogistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) TITLE DELETE 1.1 TITLE Change Add-tion NAME FEIGENBAUM, MICHAEL 1.2 NAME CR2E034 STREET ADDRESS 2001 SOUTH SURF ROAD 1.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 DILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 I TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-7IP 3.4 CITY - ST-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TIBLE 500001901995 Addition -07/23/96--01086--026 NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS ***225.00 CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Taddition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - S1 - ZIP 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)(kt/ Florida Statutes I further certify that the information indicated on first annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 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 617, Florida Statutes, at that my name annuals in Block 12 or Block 13 if chapter or on an attachment with an address. changed, or on an attachment with an address SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR