FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000057778 (9) SPORTS CARDS ARE US, INC. Principal Place of Business Mailing Address 10410 TAFT STREET 10410 TAFT STREET PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33028 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1995 2. Principal Place of Business FEI Number Applied For 65-0596705 26 Not Applicable Suite. Apt. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 29 s of Current Registered Agent 10. Name and Address of New Registered Agent Name WYLIE, ALAN **10410 TAFT STREET** ess (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 City Zip Code 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 Signature typed or printed reame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition DELETE Change TITLE 1.1 TITLE WYLIE, ALAN NAME 1.2 NAME **10410 TAFT STREET** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33028 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP City-S7-25 DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

14. 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

STREET ADDRESS

SIGNATURE: