

**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 DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>	 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000074356 (3)**

1. Corporation Name

**AUTHENTIC SIGNATURE COLLECTIBLES, INC.**



<b>Principal Place of Business</b>  500 NE 2ND ST #117 DANIA FL 33004	<b>Mailing Address</b>  500 NE 2ND ST #117 DANIA FL 33004
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 09/25/1995	<b>3a. Date of Last Report</b>
<b>21</b> 12801 W. SUNRISE BLVD	<b>26</b> 12801 W. SUNRISE BLVD	<b>4. FEI Number</b> 65-0680870		<b>Applied For</b> Not Applicable	
<b>22</b> Suite, Apt. #, etc. UNIT #640	<b>27</b> Suite, Apt. #, etc. UNIT #640	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> City & State SUNRISE, FL	<b>28</b> City & State SUNRISE, FL	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Zip 33323	<b>25</b> Country USA	<b>29</b> Zip 33323	<b>30</b> Country USA	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>  PATHMAN, WAYNE 19495 BISCAYNE BLVD SUITE 606 NORTH MIAMI BEACH FL 33180		<b>10. Name and Address of New Registered Agent</b>	
		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>85</b> Zip Code FL

**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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SCALIA, LEWIS A 500 NE 2ND ST #117 DANIA FL 33004	<b>11 TITLE</b> 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>D</b> SCALIA, LEWIS A 12801 W. SUNRISE BLVD #640 SUNRISE, FL 33323
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>21 TITLE</b> 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>31 TITLE</b> 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>41 TITLE</b> 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>51 TITLE</b> 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>61 TITLE</b> 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

**SIGNATURE:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR**

7-24-96 954-846-4620

Date

Display Phone #

CR2E034 (3/96)