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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079357 (6)

TEE-PEE MODEL TOY COLLECTIBLES, INC.

Principal Place of Business Mailing Address 330 S.E. 8TH QOURT 330 S.E. 8TH COURT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0616577 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 'City & State 6. Flection Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BICKEL, B. PATRICK 330 S.E. 8TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 Zip Code 84 85 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. (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agest and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 BILE BICKEL, B. PATRICK NAME 12 NAME 330 S.E. 8TH COURT 13 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 14 CITY-S1-7IP DELETE ☐ Change ___ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREFT ADDRESS STREET ADDRESS 3.4. C(1Y - S1 - Z(P CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 Till E 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELFTE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

> 5.3 STHEET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

FILED Feb 06 1998 8:00am Secretary of State



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 arrival report is true and accurate and that my signature shall have the same logal 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 Statutos; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

Change

Addition