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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018745 1. Corporation Name

RHODA'S COLLECTIBLES, INC.

Principal Place	e of Business	Ma	ailing Address				0 100511001 110 1#110 WHILE WASH MOINE	80111 DB111 DB181	11881 18111 18211 1	IIOBI BIII IBBI	
5440 W SAMPLE RD		544	5440 W SAMPLE ROAD								
MARGATE FL 33073			MARGATE FL 33073								
US		US						RITE IN THIS	SPACE		
]	 Date Incorporated or Qualife 02/29/1996 	ed			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		<u> </u>	plied For	
21		26					65-0652200			t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 △		
22		. 27							Fee Re	`	
City & State	e	\vdash	City & State				6. Election Campaign Financing	g 🗆	\$5.00		
23		28	-	0			Trust Fund Contribution		Added to	o rees	
Zip	Country	<u> </u>	Zip	Country	,		 This corporation owes the cu Personal Property Tax. 	urrent year in	angrove V Yes	□No	
24	9. Name and Address of Currer	29	torod Agent	30			Name and Address of New	Registered			
	9. Name and Address of Curren	nt Kegis	resea Agent	81	Name		IO. Hattle Brid Address of Heat	, itogioto.ou			
LEITI	NER, ERIC			82							
725 HOLLY STREET						t Address	ddress (P.O. Box Number is Not Acceptable)				
NO. LAUDERDALE FL 33068				83	-						
										(41)	
	•			84	City	,	,	FL	85 Zip C	Code	
44 Overstant	to the provisions of Sections 607.050	02 and 60	07 1508 Florida Statut	es the abov	e-name	d cornora	tion submits this statement for th	ne purpose of	changing its	registered	
office or r	egistered agent or both in the State	of Florid	la. Such change was a	uthorized by	tne cor	poration's	board of directors. I hereby acc	ept the appo	intment as reg	gistered	
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flo	rida Statutes	; .		* /	~ 11/1	·		
• •								14/4	7	ł	
SIGNATURE	Slanghura, hand or printed name of registered age	ent and title i	pres			required wh	en reinstating)	JY Y DATE	7		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN		fapplicable. (NOTE	: Registered Ager		required wh		DATE DATE	7 ND DIRECTO	 RS IN 12	
SIGNATURE	OFFICERS AN		fapplicable. (NOTE			a required wh	en reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AN	7 ND DIRECTO Change	RS IN 12	
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90092 040 ***150.00