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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045112

1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90138 005 ***150.00

| LONNAIN | NE 3 COLLECTIBLES, INC. | | | | | |
|--|--|---|--|---|--|-------------------|
| , | | 8 d - 100 A - d - d | | | | |
| Principal Place of Business Mailing Address 13 NO FEDERAL HIGHWAY 13 NO FEDERAL HIGHWAY DANIA FL 33004 DANIA FL 33004 | | 13 NO FEDERAL HIGHWAY | | | | |
| DAMA TE SOUT | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 05/21/1996 | |
| 2, Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied F | or |
| 21 | | 26 | | | 65-0678047 Not Appli | cable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Addition | nal |
| 22 | | 27 | | | 5. Certificate of Status Desired | |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May B | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | - |
| Zip | Country | — · | Country | • | 8. This corporation owes the current year Intangible | ! |
| 24 | 25 | 29 30 | | | Personal Property Tax. Yes □No | \longrightarrow |
| | 9. Name and Address of Curre | nt Registered Agent | - 04 | | 10. Name and Address of New Registered Algent | |
| DEG | ETSKY, WALTER S | | 81 | Name | | |
| | NE 162ND STREET | | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) | |
| | MIAMI BEACH FL 33162 | | | | • | |
| . 110 1 | MIAMI DEACH FE 33 102 | | 83 | İ | | ĺ |
| • | | | 84 | City | 85 Zip Code | |
| | | | | _ | FL (°°) 2 p 3000 | |
| office or r | registered agent, or both, in the State | uz and 607.1506, Florida Statutes, in of Florida. Such change was author ations of, Section 607.0505, Florida S | zed by | the corpora | orporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registere | d |
| SIGNATORE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE: Regist | tered Ager | nt signature requi | quired when reinstating) DATE | |
| 12. | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | |
| TITLE | PD | ☐ DELETE 1 | .1 TITLE | | ☐ Change ☐ A | Addition ! |
| NAME | TANNENBAUM, LORRAINE | i 1 | .2 NAME | | | |
| STREET ADDRESS | 13 NO FEDERAL HIGHWAY | 1 | .3 STREE | T ADDRESS | | ĺ |
| CITY-\$T-ZIP | DANIA FL | | 4 CITY-S | 7-ZIP | | |
| TITLE | SD | ☐ DELETE 2 | .1 TITLE | | ☐ Change ☐ / | Addition |
| NAME | TANNENBAUM, HERMAN | . 2 | .2 NAME | | | |
| STREET ADDRESS | 13 NO FEDERAL HIGHWAY | 2 | 3 STREE | TADDRESS | | j |
| CITY-ST-ZIP | DANIA FL | | . 4 CITY-5 | ST-ZIP | | |
| TITLE | | ☐ DELETE 3 | .1 TITLE | | ☐ Change ☐ A | أحمادالماء |
| NAME | | 3 | 2 NAME | , | 2 • – | Addition |
| STREET ADDRESS | \ | | | 1 | _ , _ | Addition |
| CITY-ST-ZIP | | 3 | 3 STREE | T ADDRESS | _ , _ | Addition |
| TITLE | | 3 | .4. CITY-5 | | | |
| | | 3 | | | ☐ Change ☐ / | Addition |
| NAME | | ☐ DELETE 4 | i.4. CITY-5 i.1 TITLE i.2 NAME | GT-ZIP | ☐ Change ☐ | |
| NAME STREET ADDRESS | | ☐ DELETE 4 | i.4. CITY-5 i.1 TITLE i.2 NAME | | ☐ Change ☐ / | |
| | | DELETE 4 | .4 CITY-S .1 TITLE .2 NAME .3 STREE | T ADDRESS | | Addition |
| STREET ADDRESS | | 3 □ DELETE 4 4 4 □ DELETE 5 | .4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE | T ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | OELETE 4 4 4 CDELETE 5 | .4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .2 NAME | T ADDRESS | | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE 4 DELETE 5 DELETE 5 | .4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .2 NAME | T ADDRESS T-ZIP T ADDRESS | | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | DELETE DELETE DELETE S S | .4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .2 NAME .3 STREE | T ADDRESS T-ZIP T ADDRESS | Change/ | Addition Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | OBLETE 3 DELETE 4 4 4 DELETE 5 DELETE 6 | 4. CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 2 NAME 3 STREE 4 CITY-S 1 TITLE 1 TITLE | T ADDRESS T-ZIP T ADDRESS | Change/ | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DELETE DELETE DELETE DELETE DELETE DELETE GE | .4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE | T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP | Change/ | Addition Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE DELETE DELETE DELETE DELETE DELETE GE | .4. CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE .1 TITLE .2 NAME .3 STREE .4 CITY-S .1 TITLE | T ADDRESS T-ZIP T ADDRESS | Change/ | Addition Addition |

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR POLLORRIA ING TANNEN BAUM