FILED

Jan 25, 1999 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

					01-25-1999 90037 012 ***150.00	
DOCUMENT # P9600062003				01-23-1999 90037 012 ***130.00		
1. Corporation	n Name	002003				
		INC				
COLLEC	CTORS CABINET MAGAZINE	ING.			: .	
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Principal Plac	ce of Business	Mailing Address			T (ODISPOL IND NOISE BISIN BOILD OBTIL OBTIL OBIIL	
8192 WHITE ROCK CIRCLE 8192 WHITE ROCK CIRCLE BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436						
BOINION BEA	4CH FL 33436	DOINTON BEACH FE 33430	•		DO NOT WRITE IN THIS SPACE	
ł	•				3. Date Incorporated or Qualifed	
)					· ·	
		[07/24/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied Fo	
21 26				•	65-0720041 Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	al i
22					5. Certificate of Status Desired LJ Fee Required	
City & State City & State			•		6. Election Campaign Financing 55.00 May Be	
23	23				Trust Fund Contribution Added to Fees	
Zip Country Zip			Cou	ntry	8. This corporation owes the current year Intangible	$\overline{}$
			30	-	Personal Property Tax.	
	9. Name and Address of Current		••		10. Name and Address of New Registered Agent	$\overline{}$
				81 Name		
EBBERBACH, CATHY						
8192 WHITE ROCK CIRCLE				82 Street Add	iress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33436				83	The second of th	1 4 th 5
]				83		157
آه.			İ	84 City	85 Zip Code	021
Same taken	duna i pet	And the Medical Control			FL [T]	
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.						
office or i	registered agent, or both, in the State o	or Florida. Such change was au ions of, Section 607,0505. Flori	itnorizea ida Statu	by the corporati	ion's board of directors, I nereby accept the appointment as registered	
	······································					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating) DATE	J
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	2.
TITLE	D	☐ DELETE	1,1 (1)	.E	☐ Change ☐ Ado	dition
NAME	EBBERBACH, CATHY			VE		
STREET ADDRESS 8192 WHITE ROCK CIRCLE				REETADDRESS		
DOVETON DELOUIS DAVID			1.4 CITY-ST-ZIP			
_					f*1 Chance	dition
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NAME			2.2 NA	ME		
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CITY-ST-ZIP			2. 4 CITY-ST-ZIP			ļ
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NAME		4 g/8	3.2 NA	ME		
STREET ADDRESS	Property of the second second second	**				, {
[3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	,a41
CITY-ST-ZIP	ZIP '- DELETE				Change	dition
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NAME	1.3.1	* - 1	4. 2 NA		•	
STREET ADDRESS		F	4.3 STF	REET ADDRESS		
CITY-ST-ZIP		_	4.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	5 1 TITI	F	☐ Change ☐ Add	dition I

CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

\$. J.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Addition