

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra J. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000066428 (9)**

1. Corporation Name

BUD'S SPORTS CARDS AND COLLECTIBLES, INC.

Principal Place of Business

**2400 EAST OAKLAND PARK BOULEVARD
BUILDING P - TIMES SQUARE
FORT LAUDERDALE FL 33306**

Mailing Address

**2400 EAST OAKLAND PARK BOULEVARD
BUILDING P - TIMES SQUARE
FORT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
4. FEI Number 65-0689474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3038 N. Federal Hwy Suite, Apt. #, etc.	26 3038 N. Federal Hwy Suite, Apt. #, etc.
22 Suite D City & State	27 Suite D City & State
23 Fort Lauderdale, Fl. Zip Country	28 Fort Lauderdale, Fl. Zip Country
24 33306 25 Broward	29 33306 30 Broward

9. Name and Address of Current Registered Agent

**SCARDUZIO, FRANK
2400 EAST OAKLAND PARK BOULEVARD
BUILDING P - TIMES SQUARE
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name **Scarduzio, Frank**
82 Street Address (P.O. Box Number is Not Acceptable)
3038 N. Federal Hwy.
83 **Suite D**
84 City **Fort Lauderdale** FL 85 Zip Code **33306**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	XXX Change <input type="checkbox"/> Addition
NAME	SCARDUZIO, FRANK	1.2 NAME	
STREET ADDRESS	2400 EAST OAKLAND PARK BLVD. BLDG. P	1.3 STREET ADDRESS	3038 N. Federal Hwy. Suite D
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	1.4 CITY-ST-ZIP	Fort Lauderdale, Fl. 33306
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	100002284151 Change <input type="checkbox"/> Addition
NAME		2.2 NAME	-09/03/97--01075--025
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)



8-20-97 954-

2062



08/20/97

Division Of Corporation
Annual Reports Section
P.O. Box 6327
Tallahassee, Fl. 32314

Secretary of State

Ref: Corp. Fees

We recently received a form for corp fees, for the first time, and you are stating we owe a penalty. You sent it to the wrong address, as noted on the form, so we could not pay what we did not have. We feel we should not be penalized. We talked with one of your representatives and they recommended we send in the right amount, less late fees.

Thank you,

A handwritten signature in black ink, appearing to read "Frank Scarduzio".

Frank Scarduzio
Bud's Sports Cards & Collectibles, Inc.