## 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

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90127 017 \*\*\*158.75

## DOCUMENT # P96000092371

POLICE AND FIRE COLLECTIBLES, INCORPORATED

TOLIOL 7	THE COLLECTIBLES,		W Ollville							
Principal Place of Business Mailing Address				58				Liabilda (16 Jens ant) affil agus anti-		
14120 SOUTH WEST 45TH STREET 14120 SOUTH WEST 45TH S MIAMI FL 33175 MIAMI FL 33175			STREET	TREET						
MIAMI PE 33173								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed		
								11/07/1996		
Principal Place of Business     2a. Mailing Address								4. FEI Number Applied For		
21								65-0821623 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution - Added to Fees		
Zip	Country Zip Cou				intry	′		8. This corporation owes the current year Intangible		
24	25	29		30				Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Regis	tered Agent		ļ.,			10. Name and Address of New Registered Agent		
					81	N:	ame			
OSTLUND, HOWARD 14120 SOUTH WEST 45TH STREET					82	S	treet Addre	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155				83						
					84	c	ity	FL 85 Zip Code		
The state of the s	to the provinces of Sections 607.050	12 and 6	07 1508 Florida Statute	es the a	hove	l e-na	med corpo	vication submits this statement for the purpose of changing its registered		
office or re	agistared agent or both in the State	Of FIGUR	ia. Such change was a	umonze	עט נו	LINE	corporation	n's board of directors. I hereby accept the appointment as registered		
agent. I ar	m familiar with, and accept the obliga	itions of	Section 607.0505, Flo	noa Siai	utes	5.				
SIGNATURE	Signature, typed or printed name of registered age		f applicable (NOTE	Registerer	1 Anen	nt sion	nature required	when reinstating) DATE		
	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 T	ITLE			☐ Change ☐ Addition			
NAME	OSTLUND, HOWARD			1.2 N	AME					
STREET ADDRESS	14120 SOUTH WEST 45TH ST	REET		1.3 S	TREET	TADO	ORESS			
1	MIAMI FL 33175	1166		1.4 0	ITY-\$	ST-ZIP	,			
CITY-ST-ZIP TITLE	D		☐ DELETE	2.1 T				☐ Change ☐ Addition		
NAME				2.2 N	AME			,		
	OSTLUND, RAYMOND 14120 SOUTH WEST 45TH ST	DECT		- 1		TADE	ORESS			
STREET ADDRESS		NECI			CITY-S		1			
CITY-ST-ZIP TITLE	MIAMI FL 33175		☐ DELETE	3.1 T		J		☐ Change ☐ Addition		
	D MOODS ANN		_	3.2 N	AME					
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STREET ADDRESS		REET			CITY- S					
CITY-ST-ZIP TITLE	MIAMI FL 33175		☐ DELETE	_	TLE	<u> </u>	·	☐ Change ☐ Addition		
NAME				4, 21	MAME					
				4.3 \$	TREE	TADO	DRESS			
STREET ADDRESS				1	ITY-S					
CITY-ST-ZIP TITLE			☐ DELETE	5.1 T			-	☐ Change ☐ Addition		
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				5.4 0	ITY-S	ST-ZIF	P			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 T	TTLE			☐ Change ☐ Addition		
			-	6.21	<b>IAME</b>					
NAME etheet annuese				6.3 9	TREE	T ADI	DRESS	į		
STREET ADDRESS					CITY-S					

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:

GNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/99 305 559 464 Daytine Phone # CR2F034 (11/98)