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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P96000093793 (3) DOCUMENT #

THE COLLECTIBLES, INC.

FILED Mar 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 IBBUTBBU PAD ADUND DUNA DDNA DBFAT DBUK DBUK	
1820 HARRISON STREET 1820 HA		1820 HARRISON STREET HOLLYWOOD FL 33020			
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 11/15/1996	
2. Principal P	Place of Business	2a, Mailing Address	7.7.7.1.1	4. FEI Number	Applied For
21		26		65-0709127	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		Election Campaign Financing	\$5.00 May Be
23] Zip	Country	28	6	Trust Fund Contribution	Added to Fees
24	ê '	Zip	Country	8. This corporation owes or has paid the	
24]	25 9. Name and Address of Currer		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
PERRONE, CHRIS 81 Name					
1820 HARRISON STREET					
HOLLYWOOD FL 33020			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
• • • • • • • • • • • • • • • • • • • •			83		
			84 City	F	85 Zip Code
11 Pursuant to the provisions of Sections 607.0502 and 607.1509. Elevide Statutes the above period conception when the statute of the statute					
office of registored agont, 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 agont. Lam familiar with and around the obligations of Species 607 605. Elegida Statutes					
SIGNATURE Cham Deriver					
	Stockure, typed or printed harve of registered age		Registered Agent signature requir		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PERRONE, CHRIS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME CIRCET APPRICE	1820 HARRISON STREET		1.2 NAME		
STREET ADDRESS	HOLLYWOOD FL 33020		1.3 STREET ADDRESS	A 51	
City-St-ZIP TITLE	1102211100011200020	☐ DELETE	1.4 C/TY-ST-ZIP 2.1 T/TLE		Change Addition
NAME			2.2 NAME		C Change C Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		•
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	. 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dritte	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME STORES ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and the state of t		6.4 CITY-ST-ZIP	0	

I nereby 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.

3.6.98