

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

FILED

May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P47000033494 (0)*
1. Corporation Name
CLASSIC SPORTS CARD, INC

Principal Place of Business Mailing Address
*2909 92ND ST EAST
PARRISH, FL 34219*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<i>4-11-97</i>	<i>65-0752842</i>	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes or has paid the current year Intangible
☐	Trust Fund Contribution ☐	Personal Property Tax due June 30. ☒ Yes ☐ No
\$8.75 Additional Fee Required		
\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City	84 City
85 Zip Code	85 Zip Code
<i>PARISH</i>	<i>PARISH</i>
<i>FL</i>	<i>FL</i>
<i>34219</i>	<i>34219</i>

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 *Robert A. Miner* 5/1/98

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	1.1 TITLE
1.2 NAME	1.2 NAME
1.3 STREET ADDRESS	1.3 STREET ADDRESS
1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP
2.1 TITLE	2.1 TITLE
2.2 NAME	2.2 NAME
2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
3.1 TITLE	3.1 TITLE
3.2 NAME	3.2 NAME
3.3 STREET ADDRESS	3.3 STREET ADDRESS
3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
4.1 TITLE	4.1 TITLE
4.2 NAME	4.2 NAME
4.3 STREET ADDRESS	4.3 STREET ADDRESS
4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME
5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME
6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY - ST - ZIP	6.4 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)(g), 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.

SIGNATURE: *R. A. Miner*

CR2E034 (10/97)