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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000052521 (6)

ROAD CHAMPS COLLECTIBLES, INC.

		,				
Principal Place of Business Mailing Address					L imminmen itm imien idabit manne marte daten allen	ı Bakim stanı Ekten alanı 1401 cünl
2755 MCFARLANE CT 2755 MCFARLANE CT TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 06/13/1997	
2. Principal Place of Business 2a. Mailing Address 2f			ss		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	30	ntry	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Register	ed Agent
IAL	LAHASSEE FL 32303			83 84 City		85 Zip Code
office or reg agent I am SIGNATURE _	gistered agent, or both, in the t familiar with, and accept the c	State of Florida. Such change obligations of, Section 607.05	e was authorized 05, Florida Stat	t by the corpor utes.	rporation submits this statement for the purpose ation's board of dectors. I hereby accept the a	of changing its registered appointment as registered
12.	grature, typed or printed name of register OFFICE BS	B AND DIRECTORS	(NOTE Hagislares	Ageni signature req	ADDITIONS/CHANGES TO OFFICERS A	
	QUUNER. DELETE			LE T		ND DIRECTORS IN 12 Change Addition
	DORGET M. SPIFE	SEL_	12 N	ME		
STREET ADDRESS	MME ROBERT M. SPIEGEL STREET ADDRESS 2755 MFARLANE CT STY-ST-ZIP TALLAHASSEE, FL 32303		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP TALLANASSEE, FL 32303			TY-ST-ZIP		•
TITLE		☐ DELE	TE 2111	LE		Change Addition
NAME			2.2 N/	ME		
STREET ADDRESS			2.3 \$1	REET ADDRESS		
CITY-ST-ZIP				TY+ST-ZIP		
TITLE		☐ DELE	TE 3.1 T()	Œ		Change Addition
NAME			3.2 N	ME		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of 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 or an attachment with an address. t my name appears in

3.3 STREET ADDRESS 3.4, CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

DELETE

DELETE

DELETE

ROBBET M. SPIEGEL 4/8/98

FILED

Apr 24 1998 8:00am

Secretary of State

425-9651 PAGER

Change

Change

Change

Addition

Addition

Addition