


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

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Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90004 018 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000069549 ✓			
1. Corporation Name COMICS ON PARADE, INC.			
Principal Place of Business 1105 E HALLANDALE BEACH BLVD HALLANDALE FL 33009		Mailing Address 1105 E HALLANDALE BEACH BLVD HALLANDALE FL 33009	
2. Principal Place of Business 21 2441 NE 196 St		2a. Mailing Address 26 Suite, Apt. #, etc.	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 N. Miami Beach FL		City & State 28	
Zip 24 33180		Country 25	
Country 29		Country 30	
9. Name and Address of Current Registered Agent HASPEL, ARTHUR C 1105 E HALLANDALE BEACH BLVD HALLANDALE FL 33009		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2441 NE 196 St 83 84 City NMB FL 85 Zip Code 33180	
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 signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASPEL, MARK 1105 E HALLANDALE BEACH BLVD HALLANDALE FL 33009	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition 2441 NE 196 St NMB, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

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:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-99
Date

305-935-4481
Daytime Phone #

0123459

CR2E034 (11/98)