PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State,
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000043453
1. Corporation Name
COLLECTORS INTERNATIONAL EXCHANGE INC.

Principal Place of Business

Mailing Address

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90036 013 \*\*\*150.00



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NO MIAMI FL 3	R3181	NO	MIAMI FL 33181			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	l
						-	l
						05/11/1998	ĺ
	Place of Business		Mailing Address		.A 0	4. FEI Number Applied For	1
21 1917	5 Myste OF DA.	26	19192 W	JOH	2011 -	Teot Applicable	ł
Suite, Apt.	#, etc.	L.,	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional	l
2 -	bak	27	# 100 G			5. Certificate of Status Desired Fee Required	1
City & Stat	е		City & State		· · · ·	-6 Election Campaign Financing	7
3 <b>Do</b> .	Miami Bel, Fl	28	no. Mia	W, E	3 ch, 7	Trust Fund Contribution Added to Fees	
Zip	Country		Zip _	Cou	untry	8. This corporation owes the current year Intangible	į
4 33	186 25 USA.	29	33180	30	USA.	Personal Property Tax.	
	9 Name and Address of Current		ered Agent			10. Name and Address of New Registered Agent	1
	<b>3</b> . 102110 0110 1110				81 Name		ŀ
GLIC	KMAN, PHILLIP L						1
605 IVES DAIRY ROAD 6103					82 Street	t Address (P.O. Box Number is Not Acceptable)	ĺ
	MIAMI BEACH FL 33179				00		ł
NO	MIAMI DEACH FE 33179				83		l
					84 City	85 Zip Code	1
					'	FL   T	
11 Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Stati	utes, the a	bove-named	d corporation submits this statement for the purpose of changing its registered	l
office or r	registered agent, or both, in the State of	f Florida	a. Such change was	authorize	d by the corp	corporation's board of directors. I hereby accept the appointment as registered	ĺ
agent. I a	ım familiar with, and accept the obligati	ions or,	Section 607.0505, F	ionga Stat	iuies.	•	ł
SIGNATURE	Signature, typed or printed name of registered agent	ood title if	applicable (NO	TE: Banistara	Anent signsture	required when reinstating) DATE	_
40	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	١٥
12. TITLE	D	D Direct	☐ DELETE	1.1 T		Change Addition	1
	l <del>-</del>				IAME	. 0 ~	-
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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** 

WATURE OF THE OF BELLIES HAVE ON SHEET OR DIRECTOR

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Daytime Phone #

(2E034 (11/98)