
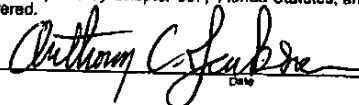


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**FILED**
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90091 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000077566			
1. Corporation Name L. A. COLLECTIBLES, INC.			
Principal Place of Business 162 ST. GEORGE STREET #122 ST. AUGUSTINE FL 32084		Mailing Address 4837 WINTON CIRCLE ST. AUGUSTINE FL 32086	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date Incorporated or Qualified 09/02/1998		4. FEI Number 59-3529034	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent GREEN, KEVIN S 8280-8 PRINCETON SQUARE BLVD., WEST JACKSONVILLE FL 32256	
9. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code		10. Name and Address of New Registered Agent FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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:



CR2E034 (1/98)