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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P98000079656

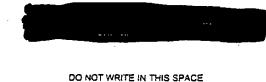
Ocean Tropics Collectibles Inc.

Principal Place of Business

Mailing Addense

May 17, 1999 8:00 am Secretary of State

05-17-1999 90064 017 ***150.00



| | | . Walling Address | | | |
|--|--|--------------------------------------|---|---|--|
| 19455 SW 256 Street 19455 SW 3 | | | 256 Street | | |
| Homestead, FL 33031 | | Homestead, FL 33031 | | İ | |
| | 33031 | nomes read | כטככ און ,ו | DO NOT WRITE IN THIS SPACE | |
| İ | | | | 3. Date Incorporated or Qualifed | |
| 2. Principal | Place of Business | 22 Marilian Adda | | 9/15/98 | |
| 21 | | 2a. Mailing Address | | 4. FEI Number Applied For | |
| Suite, Apt. #, etc. | | 26 | | 65-0881147 Not Applicable | |
| 22 | | Suite, Apt. ≠, etc. | | 5. Certificate of Status Desired S8.75 Additional | |
| City & State | | 27† | | 5. Certificate of Status Desired Fee Required | |
| 23 | | City & State | | 6. Election Campaign Financing \$5.00 May Be | |
| | | 28 | | Trust Fund Contribution Added to Fees | |
| 24 | | | Country | 8. This corporation owes the current year intangible | |
| | | | 30 | Personal Property Tax. 💢 Yes 🔲 No | |
| | 9. Name and Address of Cur | rent Registered Agent | | 10. Name and Address of New Registered Agent | |
| | | | 81 Name | 9 | |
| Joh | n Simmons | | 22 0 | | |
| 19455 SW 256 Street | | | 82 Stree | et Address (P.O. Box Number is Not Acceptable) | |
| Homestead, FL 33031 | | | 83 | | |
| 1 TOTAL | estead, FL 33031 | | | | |
| | | | 84 City | 85 Zip Code | |
| 11. Pursuan | at to the amuisiane of Sections 507.0 | 502 003 4500 | <u> </u> | d corporation submits this statement for the purpose of changing its registered | |
| SIGNATURE | Signature, typed or printed name of registered a | igent and title if applicable. (NOTE | Servicement American services | r required when reinstatings — DATE | |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | | ☐ DELETE | th TIFLE | | |
| NAME | John Simmons | | 12 NAME | ☐ Change ☐ Addition | |
| STREET ADDRESS | 19455 SW 256 S | treet | | | |
| CITY-ST-ZP | Homestead, FL | | 13 STREET ADDRESS | | |
| ппц | VP - | C nc cre | : 4 CiTY-ST-ZIP | <u> </u> | |
| NAME | Richard Goldsm | Th | 21 TITLE | ☐ Change ☐ Addition | |
| _ | 19455 SW 256 S | treet | 2.2 NAME | | |
| STREET ADDRESS | Homestead, FL | 33031 | 2.3 STREET ADGRESS | 3] | |
| CITY-ST-ZIP | | | 2.4CTY-ST-ZP | | |
| TILE | | ☐ OELETE | 3.1 TRUE | Change Addition | |
| NAME | | | 121MME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZP | | | S.4 CITY-ST-ZIP | | |
| ms | | ☐ OELETE | 417015 | ☐ Change ☐ Addition | |
| NAME | | | 4.2 NAME | C. Griange C. Magnan | |
| STREET ADDRESS | 1 | • | | | |
| CTTY-ST-ZIP | j | • | 1 | | |
| πLE | | • | +3 STREET ACORESS | | |
| NAME | | . । | 43 STREET ADORESS | | |
| | , | | 43 STREET ADDRESS 44 CITY - 5T- ZP 5.1 TITLE | ☐ Change ☐ Addition | |
| | , | ☐ OELÉTE | 43 STREET ADDRESS 44 CITY-51-ZP 51 TITLE 52 NAME | ☐ Change ☐ Addition | |
| | | <u></u> 0€LÉTE | #3 STREET ADDRESS #4 CITY - 5T - ZP E: TITLE #2 NAME #3 STREET ADDRESS | ☐ Change ☐ Addition | |
| STREET ADORESS CITY-ST-ZIP | | | 43 STREET ADDRESS 14 CITY-5T-ZP 5: TITLE 52 NAME 63 STREET ADDRESS 54 CITY-5T-ZP | ☐ Change ☐ Addition | |
| CITY-ST-ZIP ITTLE | | ☐ DELETE | 43 STREET ADDRESS 44 CITY-5T-ZP 5.1 TITLE 52 NAME 63 STREET ADDRESS 54 CITY-5T-ZP 6.1 TITLE | Change Addition | |
| CTY-ST-ZIP TITLE VAME | | | 43 STREET ADDRESS 14 CITY-5T-ZP 5: TITLE 52 NAME 63 STREET ADDRESS 54 CITY-5T-ZP | | |
| CITY-ST-ZIP TITLE VAME STREET ADDRESS | | | 43 STREET ADDRESS 44 CITY-5T-ZP 5.1 TITLE 52 NAME 63 STREET ADDRESS 54 CITY-5T-ZP 6.1 TITLE | | |
| ZTY-ST-ZIP TILE MME TIREET ADDRESS TIY-ST-ZIP | actiful their their de | | 13 STREET ADDRESS 14 CITY-5T-ZP 5:1 TITLE 52 NAME 63 STREET ADDRESS 54 CITY-5T-ZP 6:1 TITLE 62 NAME | | |

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: