


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90015 031 ***150.00

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|---|---|
| DOCUMENT # S31481 1. Entity Name COLLECTORS DEPOT, INC. |  |
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| Principal Place of Business 4747 HOLLYWOOD BLVD SUITE 121 HOLLYWOOD FL 33021 US | Mailing Address 4747 HOLLYWOOD BLVD SUITE 121 HOLLYWOOD FL 33021 US |
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| 2. Principal Place of Business 4860 S. ST. RD. 7 SUITE 6/H | 3. Mailing Address 4860 S. ST. RD. 7 SUITE 6/H |
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|--------------------------------------|--------------------------------------|
| City & State HOLLYWOOD, FL | City & State HOLLYWOOD, FL |
| Zip 33314 | Zip 33314 |
| Country USA | Country USA |



MOORE CR2E034 (11/03)

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| 4. FEI Number 65-0993510 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent OKO, RALPH N. 4747 HOLLYWOOD BLVD SUITE 121 FT LAUDERDALE FL 33316 | 7. Name and Address of New Registered Agent Name RALPH N OKO Street Address (P.O. Box Number is Not Acceptable) 4860 S. ST. RD 7 SUITE 6/H City HOLLYWOOD FL 33314 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **RALPH N OKO** 1-28-04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OKO, RALPH N. STE #121 4747 HOLLYWOOD BLVD HOLLYWOOD FL 33021 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4860 S. ST. RD 7 SUITE 6/H HOLLYWOOD, FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOBBE, ARTHUR J STE #121 4747 HOLLYWOOD BLVD HOLLYWOOD FL 33021 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4860 S. ST. RD 7 SUITE 6/H HOLLYWOOD, FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RALPH N OKO** 1/28/04 904-316-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #