

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S65024**

(9)

1. Corporation Name

MARTY'S COLLECTOR CARDS, INC.



Principal Place of Business

**10205 COLLINS AVENUE
SUITE 501
BAL HARBOUR FL 33154**

Mailing Address

**10205 COLLINS AVENUE
SUITE 501
BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified

07/10/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANELLA, ROSS
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of Registered Agent (if the change is not)

(if not Registered Agent Signature required, leave blank)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**PST
COHEN, SORYL
10205 COLLINS AVENUE 501
BAL HARBOUR FL**

2. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D
COHEN, SORYL
10205 COLLINS AVENUE 501
BAL HARBOUR FL**

3. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

7. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

8. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Soryl Cohen

SORYL COHEN

7/30/96

305-892-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)