

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # V04928 (0)

1. Corporation Name

SPORTS CARD HEAVEN INTERNATIONAL, INC.

Principal Place of Business

3740 SW 64TH AVE
DAVIE FL 33314
US

Mailing Address

3740 SW 64TH AVE.
DAVIE FL 33314-2410
US

3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2664 N. UNIVERSITY DR

2a. Mailing Address

26 2664 N. UNIVERSITY DR

4. FEI Number

65-0305064

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 SUNRISE FL

City & State

28 SUNRISE FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33322

Country

25 USA

Zip

29 33322

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LASSMAN, MARK
3740 SW 64TH AVE.
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

LASSMAN, MARK

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

2664 N. UNIVERSITY DR

83

84 City SUNRISE

FL

85 Zip Code

33322

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 *Mark Lassman* MARK LASSMAN

04-28-97

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE
NAME LASSMAN, MARK
STREET ADDRESS 12321 NW 29 PL
CITY-ST-ZIP SUNRISE FL

TITLE VPS ☒ DELETE
NAME KIEVENS, ROBERT
STREET ADDRESS 12260 NW 29TH PL
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPS ☐ Change ☒ Addition
1.2 NAME LASSMAN, SUSAN
1.3 STREET ADDRESS 12321 NW 29 PL
1.4 CITY-ST-ZIP SUNRISE FL 33323

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Mark Lassman* MARK LASSMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-97 (954) 742-6773

Date

Daytime Phone #

0273578

CR2E034 (9/96)