

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90053 024 ***150.00

DOCUMENT # V48697

1. Corporation Name

ROOKIES CARDS AND COMICS INC.

Principal Place of Business

4981 S.W. 148TH AVENUE
DAVIE FL 33330

Mailing Address

4981 S.W. 148TH AVENUE
DAVIE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1992

4. FEI Number

65-0334497

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

MA

9. Name and Address of Current Registered Agent

AGUIAR, RUBEN
13490 STIRLING RD.
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME FLORES, RAUL F.
STREET ADDRESS 5300 S.W. 148TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FLORES, GLORIA
STREET ADDRESS 5300 S.W. 148TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME AGUIAR, RUBEN
STREET ADDRESS 13490 STIRLING RD
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-25-99

Date

954-434-7901

Daytime Phone #

0317653

CR2F034-11/98