

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

**FILED**  
**Jul 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT #**  
 1. Corporation Name  
**The Pace Collection, Inc.**

Principal Place of Business Mailing Address  
**11-11 34th Avenue**  
**LIC, New York 11106**

2. Principal Place of Business  
**21 New York**  
 Suite, Apt. #, etc.  
**22 LIC NY**  
 City & State  
**23 LIC NY**  
 Zip Country  
**24 11106 25 USA**

2a. Mailing Address  
**26 same**  
 Suite, Apt. #, etc.  
**27**  
 City & State  
**28**  
 Zip Country  
**29 30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**8/63**

4. FEI Number  
**13-1986992** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CSC**  
**P.O. Box 591**  
**Wilmington, DE 19899-0591**  
**(302) 636-5450**

10. Name and Address of New Registered Agent  
**81 Name CSC**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St**  
**83 Tallahassee, Florida**  
**84 City FL 85 Zip Code 32301-2607**

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]* DATE **4/27/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leon Rosen	1.2 NAME	
STREET ADDRESS	11-11 34th Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIC, NY 11106	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Rosen	2.2 NAME	
STREET ADDRESS	11-11 34th Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIC, NY 11106	2.4 CITY-ST-ZIP	
TITLE	President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Rosen	3.2 NAME	
STREET ADDRESS	11-11 34th Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIC, NY 11106	3.4 CITY-ST-ZIP	
TITLE	Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Spett	4.2 NAME	
STREET ADDRESS	11-11 34th Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIC, NY 11106	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn Rosen	5.2 NAME	
STREET ADDRESS	11-11 34th Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIC, NY 11106	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*155.00

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 address.

SIGNATURE: *[Signature]* STEVEN SPETT **4/4/98 718-721-8201**

CR2E034 (10/97)