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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 15 1998 8:00am Secretary of State

1998 **DOCUMENT #** 760 COLLINS, INC. Principal Place of Business Mailing Address 103 GREENE STREET 103 GREENE STREET NEW YORK NY 10012-3803 NEW YORK NY 10012-3803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1989 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 58-1834746 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COURTNEY, MARLO **650 OCEAN DRIVE** Street Address (P.O. Box Number is Not Acceptable) MIAMI BCH FL 33139 83 Zip Code City 85 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 Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (14: 11) Hespelered Agent's quature required when renstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 7010.0 TITLE **GOLDMAN, ANTHONY** 1.2 NAME NAME 103 GREENE ST. STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change Addition 21 TILLE TETLE 2.2 NAM NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-7(P Change DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TifLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition 61 THLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

rus filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information must result is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

SIGNATURE: