

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90053 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836311

1. Corporation Name
THE PACE COLLECTION, INC.

Principal Place of Business 11-11 34TH AVENUE LONG ISLAND CITY NY 11106	Mailing Address 11-11 34TH AVENUE LONG ISLAND CITY NY 11106
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/06/1976	
4. FEI Number 13-1986992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CSC
1201 HAYS STREET
TALLAHASSEE FL 32301-2607

10. Name and Address of New Registered Agent

81 Name *Same as current registered agent*

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, LEON	1.2 NAME	
STREET ADDRESS	11-11 34TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11106	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JAMES	2.2 NAME	
STREET ADDRESS	11-11 34TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11106	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ARTHUR	3.2 NAME	
STREET ADDRESS	11-11 34TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11106	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPETT, STEVE	4.2 NAME	
STREET ADDRESS	11-11 34TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11106	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, KATHRYN	5.2 NAME	
STREET ADDRESS	11-11 34TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY 11106	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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. (An attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* Date *5/10/99* 718-721-8201 Daytime Phone #

CR2E034 (11/98)