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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:39

DOCUMENT # **G04626** **(9)**

1. Corporation Name
COUNTRY COLLECTION, INC.

Principal Place of Business	Mailing Address
% ELAINE WEBER 808 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301	% ELAINE WEBER 808 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1982**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

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

4. FEI Number: **59-2224505** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBER, ELAINE 808 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301	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 X (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MAUS, JUDY	12 NAME	
STREET ADDRESS	408 SE 17TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, JUNE	22 NAME	
STREET ADDRESS	6240 SW 5TH PL	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MALIN, JANE	32 NAME	
STREET ADDRESS	1212 E. LAKE DRIVE	33 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, ELAINE	42 NAME	
STREET ADDRESS	1521 NE 57TH COURT	43 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	POWELL, ANN	52 NAME	
STREET ADDRESS	1750 SE 11TH STREET	53 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MAUS, JANE	62 NAME	
STREET ADDRESS	13 HENDRICKS ISLE	63 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elaine Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95 (Date)

305-462-6205 (Daytime Phone #)

0209073 CP