

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G04626  
1. Corporation Name

(9)

COUNTRY COLLECTION, INC.

Principal Place of Business

% ELAINE WEBER  
808 E. LAS OLAS BLVD.  
FT LAUDERDALE FL 33301

Mailing Address

% ELAINE WEBER  
808 E. LAS OLAS BLVD.  
FT LAUDERDALE FL 33301

FILED  
Sep 17 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1982

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WEBER, ELAINE  
808 E. LAS OLAS BLVD.  
FT LAUDERDALE FL 33301

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

TITLE D  
NAME BENNETT, CORLISS  
STREET ADDRESS 1315 S. MIAMI ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE D  
NAME BROWN, JUNE  
STREET ADDRESS 6240 SW 5TH PL  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE D  
NAME MALIN, JANE  
STREET ADDRESS 1212 E. LAKE DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE PD  
NAME WEBER, ELAINE  
STREET ADDRESS 1521 NE 57TH COURT  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE TD  
NAME POWELL, ANN  
STREET ADDRESS 1750 SE 11TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE D  
NAME MAUS, JANE  
STREET ADDRESS 13 HENDRICKS ISLE  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*E. Bennett*

CR2E034 (5/98)