

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90105 037 ***150.00

DOCUMENT # G04626

1. Corporation Name

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

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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
1.2 NAME CORLISS BENNETT
1.3 STREET ADDRESS 350 N.E. 7TH AVENUE
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33301

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME JOANNE FERRERO
5.3 STREET ADDRESS 705 Flamingo
5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (954) 462-6205
Date Daytime Phone #

CR2E034 (11/98)