FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 14 PM 2:45

DOCUMENT # H67598 (3)

1. Corporation Name
HOFFMAN COLLECTION, INC.

Principal Place of Business	Mailing Address
418 CLEMATIS ST., W. PALM BEACH FL 33401-5312	418 CLEMATIS ST., W. PALM BEACH FL 33401-5312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1985	3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2555770	☐ 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 S. 199.032, Florida Statutes ☑ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

RICH, ILSE
10 LAKE ARBOR DR.,
PALM SPRINGS FL 33461

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when instructed)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PARRY, CHARLENE F.
STREET ADDRESS	505 SPENCER DR. APT 201
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	V
NAME	PARRY, DARIA
STREET ADDRESS	2207 IVY AVE.
CITY-ST-ZIP	FT. MYERS FL 33907
TITLE	D
NAME	PIZZO, CRAIG M.
STREET ADDRESS	20 OAK AVE.
CITY-ST-ZIP	E. PROVIDENCE RI 32915
TITLE	VD
NAME	SPIEGEL, ROBERT
STREET ADDRESS	505 SPENCER DR. #212
CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition Charlene F. Parry 505 Spencer Dr 304 W. Palm Beach, Fl 33409
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 / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Charlene Parry 2/10/95 407-833-3006
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Daytime Phone #

0241070 CP