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

APPROVED AND FILED
'95 MAR 27 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03169 (5)

1. Corporation Name
CLARA'S COUNTRY FRENCH ANTIQUES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 775 WEST PALM BEACH FL 33401	P.O. BOX 775 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1987
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0013829 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, SHERMAN N. JR.
2205 14TH AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: MS. JANE E. COLLIN
82 Street Address (P.O. Box Number is Not Acceptable): 260 ISLAND CREEK DR.
83
84 City: VERO BEACH FL 85 Zip Code: 32963

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: Jane E. Collin JANE E. COLLIN 3/21/1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLIN, JANE E.	1.2 NAME		
STREET ADDRESS	260 ISLAND CREEK DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE	DVP S	☒ Change ☐ Addition
NAME	COLLIN, MICHAEL	2.2 NAME	COLLIN, MICHAEL	
STREET ADDRESS	260 ISLAND CREEK DR.	2.3 STREET ADDRESS	260 ISLAND CREEK DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	2.4 CITY-ST-ZIP	VERO BEACH, FLORIDA 32963	
TITLE	~~S~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~PETRULAK, STEPHANIE M.~~	3.2 NAME		
STREET ADDRESS	~~2205 14TH AVENUE~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~VERO BEACH FL~~	3.4 CITY-ST-ZIP		
TITLE	~~VP~~	4.1 TITLE		☒ Change ☐ Addition
NAME	~~SMITH, SHERMAN N JR~~	4.2 NAME		
STREET ADDRESS	~~2205 14TH AVE.~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~VERO BEACH FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Jane E. Collin JANE E COLLIN 3/21/1995 (407) 231-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436134 FP