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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L78676

1. Corporation Name
RA COLLECTION, INC.

Principal Place of Business

235 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH FL 33480
US

Mailing Address

P O BOX 2602
SUITE 201
PALM BEACH FL 33480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1990

2. Principal Place of Business

21 300 East 57th Street

2a. Mailing Address

26 300 East 57th Street

4. FEI Number

65-0205627

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Apt. #7K

Suite, Apt. #, etc.

27 Apt. #7K

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 New York, New York

City & State

28 New York, New York

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

24 10022

Country

Zip

29 10022

Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

KIRKLAND, ROBERT
235 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

Bonnie Kohn C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

10 La Costa Circle

83

84 City

West Palm Beach FL

85 Zip Code

33401-1022

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 BONNIE B. KOHN, CPA

(NOTE: Registered Agent signature required when reinstating) Bonnie B. Kohn CPA 4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KIRKLAND, ROBERT
STREET ADDRESS 235 SOUTH COUNTY ROAD, SUITE 201
CITY-ST-ZIP PALM BEACH FL

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 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: Robert Kirkland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1999 212-371-6144
Date Daytime Phone #

CR2E034 (1/198)