

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

DOCUMENT # **M30481** (9)

COLLINS PARK HOTEL CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Office of Business C.O. DAVID PEARLSON 2000 PARK AVE. MIAMI BEACH FL 33139		Mainly Offices C.O. DAVID PEARLSON 2000 PARK AVE. MIAMI BEACH FL 33139		3. Date of Incorporation (or Effect) 04/15/1986		3a. Date of Last Report 04/11/1994	
2. Principal Office of Registered Agent	2a. Mailing Address	4. FEI Number 65-0007540	Applied For Not Applicable		5. Certificate of Status ( Fees ) \$8.75 Additional Fee Required		
21. State App # 101	26. State App # 101	6. Election Campaign Financing Trust Fund Contribution ( ) \$5.00 May Be Added to Fees		6. This corporation has liability for information tax under the Florida Statutes ( ) Yes ( ) No			
22. City & State	27. City & State	23. City & State		28. City & State		24. City & State	
25. City & State	29. City & State	30. City & State					

9. Name and Address of Current Registered Agent FEINGOLD, LAURENCE 1111 LINCOLN RD. MALL SUITE 802 MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent			
				81. Name DAVID PEARLSON			
				82. Street Address (P.O. Box Number is Not Acceptable) 2000 PARK AVE			
				83. City	FL	85. Zip Code 33139	
11. I, the undersigned, being the president of the corporation named herein, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same was authorized by the corporation's board of directors. I hereby accept the application as registered agent. I am DAVID T. PEARLSON 5/2/95							

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PTD PEARLSON, DAVID 2000 PARK AVENUE MIAMI BEACH FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VPD PEARLSON, AMY 2000 PARK AVENUE MIAMI BEACH FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information included 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 and 13 of this report or as an officer named with an address.

SIGNATURE: *David T. Pearlson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID T. PEARLSON

5/4/95 534-2014