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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000004058 (2)

| DOCUMENT # 1. Corporation Name | P9300000 |
|---------------------------------|----------|
| CLAYTOWN COLLEC | TION INC |

| Principal Place of Business 4700 S.W. 51ST. | Mailing Address 4700 S.W. 51ST. | | | |
|---|---|---|---|------------------------------------|
| SUITE 204 DAVIE FL 33314 US | SUITE 204 DAVIE FL 33314 US | | Date Incorporated or Qualified 01/19/1993 | 3a. Date of Last Report 04/25/1995 |
| Principal Place of Business Section 1. Principal Place of Business | 2a. Mailing Address | | 4. FET Number 65-0384762 | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Not Applicable \$8.75 Additional |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s. 199.032, |
| 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New F | Registered Agent |
| CAIVEAU, STEPHANE 4700 S.W. 51ST., SUITE 204 113 DAVIE FL 33314 | | 81 Name 82 Street Add 83 84 City | ress (P.O. Box Number is Not Acceptat | FL 85 Zip Code |
| Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature, typed or printed nature of registered age. | ndd: Such change was authorization 607.0505, Florida Statute: | rea by the comporation's has | ird of directors. Thereby accept the app | |
| | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| CARACAM CTECHANE | DELETE | 1 1 TITLE | | Change |
| NAME CAIVEAU, STEPHANE STREET ADDRESS 4700 S.W. 51ST., SUITE 204 | A | 1.2 NAME | | |
| DALVE EL | 4 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP DAVIE FL | EZ DU CU | 14 CHTY- ST-7IP | | |
| NAME POSSENTI, VALERIE | [] DEFELE | 2 1 1111 1 5 | | Change Addition |
| STREE I ADDRESS 4700 S.W. 51ST., SUITE 204 | 4 | 22 NAME | | |
| CITY-ST-ZIP DAVIE FL | • | 2.3 STREET ADDRESS 2.4 C/TY-ST-Z/P | | - |
| TITLE | DELETE | | P SALES & MARKETIN | Change 😿 Addition |
| NAME | _ | | ZWARC , VALERIE | T Division Notice |
| STREET ADDRESS | | 3.3 STREET ADDRESS 4 | ZWARC, VALERIE 700 SW SI ST STreet # | 204 |
| CHY-ST-ZIP | | | 4VIE FL 33314 | |
| TITLE | DELETE | 4. 1 THTLE | | Change Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | | | |
| C(TY-S1-Z(P | | 4.3 STREET ADDRESS | | • |
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| TITLE NAME STREFT ADDRESS CITY-S1-ZIP TITLE | ☐ DELETE | 4 3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS | | Change Addition |
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| TITLE NAME STREFT ADDRESS CITY-S1-ZIP TITLE | | 4 3 STREE ADDRESS 4 4 CITY - ST - ZIP 5 1 TITE 5 2 NAME 5 3 STREE ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE | | |

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 composation 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 adjachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPE OF PROPERTY OF PROPERTY OF THE PROPER