

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026653 (3)

1. Corporation Name
COLLANTIQUES, INC.

Principal Place of Business

Mailing Address

2881 E OCEAN BLVD
STUART FL 34996
US

3361-3365 SE SLATER STREET
STUART FL 34997-5706
US



3. Date Incorporated or Qualified 04/05/1994
3a. Date of Last Report 06/20/1996

4. FEI Number 65-0478500
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHILLING, MARK
2805 SE GLASGOW DRIVE
STUART FL 34997

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

Signature of officer 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 DP
NAME SCHILLING, WILLIAM
STREET ADDRESS 2881 E. OCEAN BLVD.
CITY-ST-ZIP STUART FL 34996

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME SCHILLING, ELLA
STREET ADDRESS 3754 OLD ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34996

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

TITLE DT
NAME SCHILLING, MARK
STREET ADDRESS 3754 OLD ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34996

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

TITLE DS
NAME QUIEROLO, NANCY
STREET ADDRESS 39 ELY RD.
CITY-ST-ZIP FARMINGTON CT 06032

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

561 220 9698

CR2E034 (9/96)