## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036606 (9)

COLLECTOR'S STUDIOS OF FIFTH AVENUE, INC.

Principal Place of Business

Mailing Address

FILED

97 SEP 18 PH 2:55



SECRETARY OF STATE TALLAHASSEE, FLORIDA



555 FIFTH AV NAPLES FL 33		555 FIFTH AVE. SOUTH NAPLES FL 33940			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 3a. Date of Last Report		
					05/09/1994 05/01/1996		
	Place of Business	2a. Mailing Address		210	4. FEI Number Applied For		
	Imperial Golf Coon	126 Blud 975 Im	erial (	3614 (			
Suite, Apt.	Suite III	Suite 111			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	naples, FL	City & State	<u></u> -		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 3	SYLLO 25 Collier	29 34110 3	Country  Coll	icr	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent	81	NI	10. Name and Address of New Registered Agent		
	VRILLES, CHRISTINA E		81	Name			
	5 FIFTH AVE. SOUTH PLES FL 33940		82 83	475 Imperial Golf Course Blvd			
•			63		Suite 111		
¥			84	City	85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0592	and 607.1508, Florida Statutes.	, the above	named	corporation submits this statement for the purpose of changing its registered		
agent. La	egisteriog agent, or both, in the State of or land ar with, and succept the owner	Milorida. Sich change was aut ione of, Siction 607.0505, Floric	lhorized by da Statules	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
SIGNATUR	Signatule, typed or planted harvis of regularios agent	ull			required when reinstating)  5/3/97		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 THLE		☐ Change ☐ Addition		
NAME	GAVRILLES, CHRISTINA E		1.2 NAME				
STREET ADDRESS	555 FIFTH AVE. SOUTH		1,3 STREET	ADDRESS	975 Imperial Golf Course Blvd - Suite III		
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY-ST	- ZIP	Maples, PL 34110		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition		
NAME	GAVRILLES, NICHOLAS E		2.2 NAME		975 Imerial Golf Course Blvd - Suite III		
STREET ADDRESS	555 FIFTH AVE. SOUTH		2.3 STREET A	ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940	Deleve	2 4 CHY-S	I-ZIP	Naples, FL 34110		
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NAME		<u>-</u>	5.2 NAME		- I The state of t		
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CITY-ST-ZIP			5.4 CITY-ST	1			
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NAME			6.2 NAME		,		
STREET ADDRESS			63 STREET A	DDRESS	9 g-22 gg		
CITY-ST-ZIP			6.4 CITY-ST		1 7-62 54		

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 cognoration or the receiver or the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an artific chapter of the execute this report as required by Chapter 607, Florida Statutes; and that my name

8/21/07

:R2E034 (4/97)

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400036606 (9)

never recieved 1st notice.

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SSS FITH AVE SOUTH NAPLES FL 33940   SSS FITH AVE SOUTH NAPLES FL 33940   DO NOT MATE IN THIS SPACE	Principal Plac	e of Business	Mailing Address			
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21   475   1   5   5   5   5   5   5   5   5	0.00000000					1 ' '
Superage	——	_	2a. Mailing Address	1 0 10	4. FEI Number	
Solid   Soli	Suite Apr	Imperial Galt Coon	5626 Divid 475 In	ierial Golf	Cookse 65-0496402	<del>                                </del>
City & State 23 Name and Address of Current Registered Agent  GAVRILLES, CHRISTINA E STEPT AMORES SIGNATUR  11. Paragraph value, and Capabage of Control (Control of Control of	· .			(I)	NY VO	CO 7E
23		001FE 111		, 441		Fee Required
Added to Fees   Section   Country   The   Co			<u> </u>	6. FL	6. Election Campaign Financing	\$5.00 May Bo
34 SHILD SE CALLEY 29 34110 30 CONTICE 5. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 555 FIFTH AVE. SOUTH NAPLES FI. 33940 Superior Address (P.O. Box Number is Not Acceptable) 975 Imperial Gelf Course Blvc 3715 Imperial Gelf Gelf Gelf Gelf Gelf Gelf Gelf Gel		<del></del>				
9. Name and Address of Current Registered Agent	24 3	14110 25 Collier		<del></del> _ ′	8. This corporation owes or has pai	d the current year Intangible
SSFITH AVE. SOUTH NAPLES FL 33940  13. Pursuant to the projectors of Sections 607 DUP, and 607 1005, front Sistures, the above name of comprehens the statement for the purpose of changing its registered agent. I any Parky with, and come of Sections of Sicric Control Systems and Comprehens with the Comprehens are comprehensive than any Section of Sicric Control Systems and Comprehens are comprehensive than any Sections of Sicric Control Systems and Comprehens are comprehensive than any Sections of Sicric Control Systems and Comprehens are comprehensive than any Sections of Sicric Control Systems and Comprehensive than any Sections of Sicric Control Systems and Comprehensive than any Sections of Sicric Control Systems and Difference Than any Sections of Sicric Control Systems and Difference Than any Sections of Sicric Control Systems and Difference Than any Sections of Sicric Control Systems and Difference Than any Sections of Sicric Control Systems and Difference Than any Sections and Difference Than any Sect			Registered Agent	30 Collica	10 Name and Address of New Doc	30 Yes No
SSS FIFTH AVE. SOUTH  NAPLES FI. 33940  82 Street Address (P.O. Box Number is Not Acceptable)  93 STIMPERIAL GOLF Course Bivol  83 Street Address (P.O. Box Number is Not Acceptable)  94 City Supple FL Supple Course Bivol  95 Supple FL Supple Course Bivol  95 Supple FL Supple Course Bivol  96 City Supple FL Supple Course Bivol  97 Supple FL Supple Course Bivol  98 Supple FL Supple Course Bivol  99 Supple Course Bivol  99 Supple FL Supple Course Bivol  99 Supple Course Bivol	GAV	/RILLES, CHRISTINA F		81 Name	10. Fidillo dillo Address di 146W Reg	Instelled Agent
NAPLES FL 33940  Suite VII  Naples FL 33940  13. Fursuant to the provisions of Sockons 607 094 and 607 1595 Finance Statutos  Signature VII  Suite VIII  Name  GAVRILLES, CHRISTINA E  STRET ADDRESS  STRET ADDRES						
SIGNATURE				B2 Street	Address (P.O. Box Number is Not Acceptable	le) 41 -d
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12.	11. Pursuant t	to the provisions of Sections 607.05/2	and 607.1508, Florida Statute	s, the above named	COrporation submits this statement for the pu	FL 34110
12.	agent. Lar	rapider with, and technical the State	M Iorida. Sach change was a ioria of. Sacian 607.0505. Floi	uthorized by the con	poration's board of directors. Thereby accept	t the appointment as registered
12.	SIGNATURE	Muster Go		naci Oldiolos.		-lailat
THE D GAVRILLES, CHRISTINA E STREET ADDRESS STATE AND DIDECTORS OF THE STATE DIDECTORS OF T		orginatule, typed or printed transe of new service agent	and the Laboration (NO.E	Registered Agent signature	required when hanstating)	73191
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14. I do hereby certify that the information areas as a six 4 - a				6 J CITY ST 7ID		
I am officer or director of the conjourned on the receiver or trade empowered by execute this report as required by Chapter 607. Florida Statutes, and that my signature shall have the same legal effect as if made under ealn; that appears in Block 12 or Block	14. I do hereby	certify that the information supplied v	vith this filing does not qualify	<del></del>	ated in Section 119.07(3)(i) Florida Statuta	I further confirm to
	i am an offi ann an offi annears in	cer or director of the comparation or the Block 12 or Block 3 in shapeed	oplemental annual report is true or receiver or truetee empower	e and accurate and led by execute this re	that my signature shall have the same legal eport as required by Chapter 607. Florida Sta	officer certify that the officer as if made under only; that duties; and that one pages