

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

FILED

97 SEP 18 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000036606 (9)

1. Corporation Name

COLLECTOR'S STUDIOS OF FIFTH AVENUE, INC.

Principal Place of Business

Mailing Address

555 FIFTH AVE. SOUTH
NAPLES FL 33940

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

4. FEI Number

65-0496402

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 975 Imperial Golf Course Blvd

26 975 Imperial Golf Course Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite III

27 Suite III

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Country

Zip

Country

24 34110

25 Collier

29 34110

30 Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAVRILLES, CHRISTINA E
555 FIFTH AVE. SOUTH
NAPLES FL 33940

81 Name

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

975 Imperial Golf Course Blvd

83

Suite III

84 City

Naples

FL

85 Zip Code

34110

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Christina E. Gavrilles*

(NOTE: Registered Agent signature required when reinstating)

8/31/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME D
STREET ADDRESS GAVRILLES, CHRISTINA E
CITY-ST-ZIP 555 FIFTH AVE. SOUTH
NAPLES FL 33940

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

975 Imperial Golf Course Blvd - Suite III
Naples, FL 34110

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME D
STREET ADDRESS GAVRILLES, NICHOLAS E
CITY-ST-ZIP 555 FIFTH AVE. SOUTH
NAPLES FL 33940

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

975 Imperial Golf Course Blvd - Suite III
Naples, FL 34110

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

100002300601
-09/23/97--01025--011
****165.00 ****165.00

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

9-22-97

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: *Christina E. Gavrilles*


8/31/97

CR2E034 (4/97)

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Never recieved 1st
Notice.

(12)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000036606 (9)**

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Mailing Address

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 05/01/1996
21. 975 Imperial Golf Course Blvd	26. 975 Imperial Golf Course Blvd			4. FEI Number 65-0496402	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Naples, FL	City & State Naples, FL			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 34110	Country Collier	28. Zip 34110	Country Collier	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**GAVRILLES, CHRISTINA E
555 FIFTH AVE. SOUTH
NAPLES FL 33940**

81. Name

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

975 Imperial Golf Course Blvd

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Suite 111

84. City

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SIGNATURE *Christina Gavrilles*

5/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAVRILLES, CHRISTINA E		1.2 NAME	
STREET ADDRESS 555 FIFTH AVE. SOUTH		1.3 STREET ADDRESS 975 Imperial Golf Course Blvd - Suite 111	
CITY-ST-ZIP NAPLES FL 33940		1.4 CITY-ST-ZIP Naples, FL 34110	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAVRILLES, NICHOLAS E		2.2 NAME	
STREET ADDRESS 555 FIFTH AVE. SOUTH		2.3 STREET ADDRESS 975 Imperial Golf Course Blvd - Suite 111	
CITY-ST-ZIP NAPLES FL 33940		2.4 CITY-ST-ZIP Naples, FL 34110	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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SIGNATURE: *Christina Gavrilles*

shiloz

CR2E034 (4/97)