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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075972 (7)

COLLECTIONS AT PALM BEACH, INC.

Principal Place of Business

「動物をはない」という。
「動物を構造してきる」とは、
「からない」という。
「からない」というない。
「からない」といっ

Mailing Address

FILED

Apr 23 1997 8:00am

Secretary of State

150 WORTH AVENUE PALM BEACH FL 83480			150 WORTH AVENUE Palm Beach Fl 33480-4424						
						Date Incorporated or Qualified 10/17/1994	3a. Date of L 04/30/19		
2. Principal Pla	ace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	1	Applied For	
21		26	26			65-0528508		Not Applicable	
Sulte, Apt. #	f, etc.	Suite: Apt. #, (Suite. Apt. #, etc.			5. Certificate of Status Desired		75 Additional	
22		27				C. Communic of Signal Dollars	F	se Required	
City & State		City & State	City & State			6. Election Campaign Financing		.00 May Be	
23		28				Trust Fund Contribution		ided to Fees	
Zip	Country	Zip	— ⊢	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No			
24	25	29	30	30]		Florida Statutes 10. Name and Address of New Reg			
14 (54)	9. Name and Address of Curre	nt Hegistered Agent		81	Name	ID. HAIRE ARE ACCUSES OF NEW PRI	istered Agent		
WEIL, KENNETH J									
	S. BISCAYNE BLVD.		82 Street Ac		dress (P.O. Box Number is Not Acceptab	e)			
	f FLOOR			83					
MAN	AI FL 33131			03					
				84	City		FL 85	Zip Code	
pws 7		00	- Circura tha	ab a. u		orporation submits this statement for the p		ing its registered	
office or re	epistered agent, or both, in the Stat	e of Florida. Such chanc	e was authoriz	red by	the corpo	ration's board of directors. I hereby accep	t the appointme	nt as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE		Total Control of the	(MON Desire		nol o continuo re	quired when roinstating)	DATE		
12.	Signature, typed or printed name of (ing.stered a OFFICERS A)	DIRECTORS	(NOTE Hegiste		an signamie re	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	P	DEL		TITLE	Т		☐ Ch		
NAME	FREY, DALE R.			NAME				•	
STREET ADDRESS	2734 RHONE DR				ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410		CITY-S	i				
TITLE		DEL		TITLE			☐ Ch	ange Addition	
NAME		_	22	NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-\$1-ZIP				4 CITY-					
TITLE		DEL		TITLE			☐ Ch	ange Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-	į.			•	
TITLE		☐ DEL		TITLE			Ch	ange 🔲 Addition	
NAME			4. 3	2 NAME	1				
STREET ADDRESS			4.3	STREE1	ADDRESS				
CITY-ST-ZIP			4.4	CITY - S	51 - ZIP				
TITLE		☐ DE(TITLE			☐ Ch	ange 🔲 Addition	
NAME			5.2	NAME				1	
STREET ADDRESS			5.3	STREET	ADDRESS			İ	
CITY-ST-ZIP			5.4	LOTY-S	51 - ŽIP				
TITLE		☐ DE		TITLE			☐ Ch	ange 🔲 Addition	
NAME			6.2	NAME					
STREET ADDRESS			63	STREET	ADDRESS				
CITY-ST-ZIP				I CITY-S					
	w certify that the information suppl	ied with this filma does r				ted in Section 119.07(3)(i), Florida Statute:	s. I further certify	that the	

I not neterly certify that the information supplied with this limit does not quality to the exemption stated in Section 1-10/15(f), follows attacks. Find the term 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 eath; 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 or an attachment with an address.

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MIGE

4/1/07