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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017380 (3)

FILED Mar 14 1997 8:00am Secretary of State

COLLECTORS DEN, INC. Principal Place of Business Mailing Address 11909-C U.S. HIGHWAY 19 PORT RICHEY FL 34688 PORT RICHEY FL 34688							
					3. Date Incorporated or Qualified 02/27/1995	3a. Date of L 01/26/19	
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Apt	. #, etc.	26			59-3299299	\$8	Not Applicabl 75 Additional
22		27			5. Certificate of Status Desired		ee Required
City & Sta	ite	City & State			6. Election Campaign Financing		.00 May Be
23 Zip	Country	28 Zip	Count		Trust Fund Contribution 8. This corporation has liability for		ded to Fees
24	25	29	30	.,]Yes 🔀 No	961 9: 199,032,
	9. Name and Address of Curren	I Registered Agent			10. Name and Address of New Re	gistered Agent	
CLARK, LEE W				1 Name			
11909-C U.S. HIGHWAY 19 PORT RICHEY FL 34668			82 Street Add		dress (P.O. Box Number is Not Acceptat	ole)	
FUI	NI NICHET PL 34000		8	3			
			8	A City		loc l	Zip Code
				- 1		FL 85	·
office or agent. I		iz and 607, 1508, Florida Stati of Florida, Such change was ations of, Section 607,0505, F	nes, the abt authorized forida Statut	we-named cor by the corpora es.	poration submits this statement for the patient for the patient's board of directors. I hereby acceptions	pt the appointmo	jing its registored int as registored
	Signature, typed or printed name of registered age			gant signature requ	ured when reinstating)	DATE	07000 11140
12.	OFFICERS AN	DIRECTORS 13.		· <u> </u>	ADDITIONS/CHANGES TO OFFIC	CHS AND DIRE	
NAME	CLARK, LEE W		1.2 NAM				
STREET ADDRESS	AAAAAA A LI A TIIAI KAAAA AA		13 SIRE	ET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL	,,	1.4 C/TY	- \$1 - Z IP			
TITLE	VP	☐ DELFTE	211018			∐ Ch	ange 🛄 Addition
NAME	CLARK, BEEBE L		2.2 NAM	· Y			
STREET ADDRESS	11909-C US. HWY 19 PT. RICHEY FL 34668			ET ADDRESS			
CITY-ST-ZIP TITLE	FI. HOHET TE S4000	DELETE	3.1 THLE	- ST- 2IP		Ch	ange Addition
NAME			3.2 NAM	ì			* _
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. 0(1)	- S1- ZIP			
TITLE		DELETÉ	4.1 Tille			☐ Ch	ange 🔲 Additio
NAME			4. 2 NAM	!E			
STREET ADDRESS			- L	ET ADDRESS			
CITY-SI-ZIP		T DELET		- ST - 7IP		По	anna Tagadaia
TITLE		☐ DELF1E	5 1 TITLE			Ch	ange [] Additio
NAME EXPERT ADDRESS	1		5.2 NAM				
STREET ADDRESS			•	ET ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	6.1 TITLE	· S1 - Z(P		□ Ch	ange
NAME			6.2 NAM				
STREET ADDRESS				ET AUDRESS			
CITY-ST-ZIP				-SI-ZiP			
DOLL - 31 - 41					ed in Section 119,07(3)(i), Florida Statute		

14. To hereby certify that the information supplied with this filing does not quality 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 activate 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 be cute 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.

OLONIATURE.

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3-11-97

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