

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

PROFIT
CORPORATION
ANNUAL REPORT



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

AMENDED 1997

DOCUMENT # P95000017380 (3)

1. Corporation Name

COLLECTORS DEN, INC.

FILED

97 JUL 25 AM 11:46

SECRETARY OF STATE

Principal Place of Business

11909-C U.S. HIGHWAY 19
PORT RICHEY FL 34668

Mailing Address

11909-C U.S. HIGHWAY 19
PORT RICHEY FL 34668-1056

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3299299

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. 199.022,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CLARK, LEE W
11909-C U.S. HIGHWAY 19
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE

NAME CLARK, LEE W
STREET ADDRESS 11909-C U.S. HIGHWAY 19
CITY-ST-ZIP PORT RICHEY FL

TITLE VP ☒ DELETE

NAME CLARK, BEEBE L
STREET ADDRESS 11909-C US. HWY 19
CITY-ST-ZIP PT. RICHEY FL 34668

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P/VP/S/T ☒ Change ☐ Addition

12 NAME CLARK, LEE W.
13 STREET ADDRESS 11909-C U.S. HIGHWAY 19
14 CITY-ST-ZIP PORT RICHEY, FL 34668

21 TITLE ☐ Change ☐ Addition

22 NAME 200002252302--9
23 STREET ADDRESS -07/30/97--01050--001
24 CITY-ST-ZIP *****61.25 *****61.25

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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: LEE W. CLARK

x 7-10-97 (813) 869-1866

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