FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
96 AUG 29 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032948 (8)

1. Corporation Name
COLLEEN'S ORIGINAL, INC

Principal Place of Business	Mailing Address
22422 NEW YORK AVENUE PORT CHARLOTTE FL 33952	22422 NEW YORK AVENUE PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified: 04/27/1995
3a. Date of Last Report:
4. FEI Number: 65-0582247 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21: 4628 Tamiami Tr
22: Suite, Apt. #, etc
23: City & State: Pt Charlotte Fla
24: Zip: 33952
25: Country

2a. Mailing Address
26–29: SAME AS ABOVE
30: Country

9. Name and Address of Current Registered Agent

SHEPHENS, JEANNE
22422 NEW YORK AVENUE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
81 Name: Susan Ginsberg
82 Street Address (P.O. Box Number is Not Acceptable): 664 Hartford Dr
83
84 City: Port Charlotte FL
85 Zip Code: 33952

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: Susan Ginsberg (P) [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	President ☐ DELETE
NAME	Susan Ginsberg
STREET ADDRESS	664 Hartford Dr
CITY-ST-ZIP	Pt Charlotte, FL 33952
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	600001939726
1.3 STREET ADDRESS	-09/05/96--01055--025
1.4 CITY-ST-ZIP	****225.00 ****225.00
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	NB 8/29
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Susan Ginsberg (P) 4-29-96 941 629.0465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)