

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

FILED

May 07 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000040920 (7)**

1. Corporation Name
ORIGINAL COLLECTIONS, INC.

Principal Place of Business

**592 100TH AVENUE NORTH, #201
ST. PETERSBURG FL 33702**

Mailing Address

**592 100TH AVENUE NORTH, #201
ST. PETERSBURG FL 33702-2252**



| | | | | | | | |
|--------------------------------|--|------------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 6221 Cedar St NE | | 26 6221 Cedar St NE | | 05/22/1995 | | 08/12/1996 | |
| 22 State, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 St Petersburg, FL | | 28 St. Petersburg, FL | | 59-3318848 | | Not Applicable | |
| 24 33702 | | 25 Pinellas | | 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 33702 | | 27 Pinellas | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 28 33702 | | 29 Pinellas | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 30 33702 | | 31 Pinellas | | 10. Name and Address of New Registered Agent | | | |

**HARRIS, LEEZA K
592 100TH AVENUE NORTH, #201
ST. PETERSBURG FL 33702**

| | | | | |
|---------|---|----|-----------------------|-----------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | 6221 Cedar St. NE | | St. Petersburg | FL 33702 |

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 **Leeza K Harris**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, LEEZA K | 1.2 NAME | |
| STREET ADDRESS | 592 100TH AVE. N. #201 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 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 | |
| CITY-ST-ZIP | | 6.4 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)(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: **Leeza K Harris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 813-526-1287

Date

Daytime Phone #

0072896

CR2E034 (9/96)