

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90146 050 ***150.00

DOCUMENT # P95000090807

1. Corporation Name
COLLECTORS GALLERY INC.

Principal Place of Business

1318 N FEDERAL HWY
HOLLYWOOD FL 33020
US

Mailing Address

1318 N FEDERAL HWY
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

65-0632142

Applied For

No: Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1511 E COMM. BLVD

Suite, Apt. #, etc.

22 # 43

City & State

23 FT. LAUD. FLA

Zip

24 33334

Country

25 USA

2a. Mailing Address

26 1511 E. COMM. BLVD

Suite, Apt. #, etc.

27 # 43

City & State

28 FT. LAUD. FLA

Zip

29 33334

Country

30 U.S.A

9. Name and Address of Current Registered Agent

BROWN, STEVEN R
1511 E. COMM. BLVD/
FT. LAUDERDALE FL 33334

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 P ☐ DELETE

NAME BROWN, STEVEN
STREET ADDRESS 5711 NE 21ST. AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ST ☐ DELETE

NAME DOLAN, JAMES
STREET ADDRESS 5711 NE 21ST. AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

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
1.3 STREET ADDRESS 1511 E. COMM. BLVD
1.4 CITY-ST-ZIP FT. LAUD. FL 33334

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1511 E. COMM. BLVD - #43
2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33334

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
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 954-788-5711

CR2E034 (11/98)

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