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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097231 (9)

COLLECTOR'S STUDIO, INC.

Principal Place of Business Mailing Address

ONE HADERIAL COLE COURSE PLAD #411

## FILED Jan 29 1998 8:00am Secretary of State



975 IMPERIAL GOLF COURSE BLVD #111 975 IMPERIAL GOLF COURSE BLVD #111 NAPLES FL 34110 NAPLES FL 34110 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3417182 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Heffernan GAVRILLES, CHRISTIAN E Raymond T 975 IMPERIAL GOLF COURSE BLVD #111 idress (P.O. Box Number is Not Acceptable) 82 Street Address NAPLES FL 34110 83 City Zip Code 34145 Marco Island, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of 507,0505, Florida Statutes. Pursuant to the provisions of Sections 607.05 office or registered agent, or both in the State agent. I am familiar with, and adcept the office. SIGNATU (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE NAME GAVRILLES, CHRISTINA E 1.2 NAME 975 IMPERIAL GOLF COURSE BLVD #111 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE HEFFERNAN, RAYMOND T NAME 2.2 NAME 364 NASSAU CT 2.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4,3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 of 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 charged, or on an attachment with an address.

SIGNATURE: MINISTATION OF THE CHILD

4/53/98