

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED
95 MAY -1 AM 9:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morrison
 Secretary (FSSC)
 DIVISION OF CORPORATIONS

DOCUMENT # P94000049372 (3)

1. Corporation Name
JOAN COLLINS, INC.

Principal Place of Business: **9159 PINE SPRINGS DR. BOCA RATON FL 33429-1458**

Mailing Address: **9159 PINE SPRINGS DR. BOCA RATON FL 33429-1458**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc: **27**

23. City & State: **28**

24. Zip: **25** Country: **29** City: **30** Country:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/28/1994**

3a. Date of Last Report: **06/28/1994**

4. FEI Number: **11-2155845**

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**

6. This corporation has liability for intangible tax under § 199.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

HAYA, ABRAHAM
9159 PINE SPRINGS DR.
BOCA RATON FL 33428-1458

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 0502 and 607 1505, 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 provisions of Section 607 0505, Florida Statutes.

SIGNATURE: *ABRAHAM HAYA* **ABRAHAM HAYA** *President* **4/6/95**

 (Print or typed name of registered agent and filer) (227) Registered Agent (print or typed name) (Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is equally for the information stated in Sections 119 07100, 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: *ESTERANCE HAYA* **ESTERANCE HAYA** *Secretary* **4/6/95** **407 487 1998**

 (Signature and typed name of signing officer or director) (Date) (Filer's Name)