

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

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90134 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000049372

1. Corporation Name
JOAN COLLINS, INC.

Principal Place of Business 9159 PINE SPRINGS DR. BOCA RATON FL 33428-1458	Mailing Address 9159 PINE SPRINGS DR. BOCA RATON FL 33428-1458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 6901 CHIMERE TERRACE		26 6901 CHIMERE TERRACE		06/28/1994		11-2155845		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		8.75 Additional Fee Required			
23 BOYNTON BEACH, FL		28 BOYNTON BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 33437 25 NASSAU		29 33437 30 NASSAU		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAYA, ABRAHAM 9159 PINE SPRINGS DR. BOCA RATON FL 33428-1458				81 Name ABRAHAM HAYA			
				82 Street Address (P.O. Box Number is Not Acceptable) 6901 CHIMERE TERRACE			
				83			
				84 City BOYNTON BEACH FL 85 Zip Code 33437			

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: *Abraham Haya* **Abraham Haya** **President** **2/25/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SEC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYA, ESPERANCE	1.2 NAME	
STREET ADDRESS	9159 PINE SPRINGS DRIVE 6901 CHIMERE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428 BOYNTON BCH FL 33437	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYA, ABRAHAM	2.2 NAME	
STREET ADDRESS	9159 PINE SPRINGS DR 6901 CHIMERE TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428 BOYNTON BCH FL 33437	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 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: *Abraham Haya* **Abraham Haya** **2/25/99** **(521) 742 0402**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)