

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 271801 (3)
 1. Corporation Name
COLLIER LAND AND CATTLE CORPORATION



Principal Place of Business 3003 N TAMiami TRAIL NAPLES FL 33940	Mailing Address 3003 N TAMiami TRAIL NAPLES FL 34103-2714
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3. Date Incorporated or Qualified 07/12/1963	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1030307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

FLORA, TERRY L
3003 N TAMiami TRAIL
NAPLES FL 33940

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 _____ DATE _____
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, THOMAS J	1.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MILES C	2.2 NAME	
STREET ADDRESS	3003 NORTH TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON G. II	3.2 NAME	
STREET ADDRESS	3003 NORTH TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL O	4.2 NAME	
STREET ADDRESS	3003 N. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORA, TERRY L	5.2 NAME	
STREET ADDRESS	3003 N. TAMiami TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, CHARLES H	6.2 NAME	
STREET ADDRESS	3003 N. TAMiami TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: _____ DATE: **4/21/97** DAYTIME PHONE #: **941-261-4455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)