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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 271801

1. Corporation Name
COLLIER LAND AND CATTLE CORPORATION

Principal Place of Business
**3003 N TAMiami TRAIL
 NAPLES FL 34103
 US**

Mailing Address
**3003 N TAMiami TRAIL
 NAPLES FL 34103
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1963	
21	Suite, Apt. #, etc. Sutie 400	26	Suite, Apt. #, etc. Suite 400	4. FEI Number 59-1030307	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORA, TERRY L 3003 N TAMiami TRAIL NAPLES FL 34103				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, THOMAS J	1.2 NAME	Collier, Miles C
STREET ADDRESS	3003 TAMiami TRAIL NORTH	1.3 STREET ADDRESS	3003 Tamiami Trail North, Suite 400
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MILES C	2.2 NAME	Taylor, Michael O.
STREET ADDRESS	3003 NORTH TAMiami TRAIL	2.3 STREET ADDRESS	3003 Tamiami Trail North, Suite 400
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON G. II	3.2 NAME	Flora, Terry L.
STREET ADDRESS	3003 NORTH TAMiami TRAIL	3.3 STREET ADDRESS	3003 Tamiami Trail North
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL O	4.2 NAME	O'Connor, John D.
STREET ADDRESS	3003 N. TAMiami TRAIL	4.3 STREET ADDRESS	3003 Tamiami Trail North, Suite 400
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORA, TERRY L	5.2 NAME	Corina, Robert D.
STREET ADDRESS	3003 N. TAMiami TRAIL	5.3 STREET ADDRESS	3003 Tamimai Trail North, Suite 400
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
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 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: Terry L. Flora Terry L. Flora 4/19/99 (941)-261-4455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)