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

CORPORATION ANNUAL REPORT

1998

THE COLLIER CORPORATION

DOCUMENT #

550018

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business	s Mailing Address								
606 BALD EAGLE DR., SUITE 500 P.O. BOX ONE MARCO ISLAND FL 33937	P. O. BOX ONE MARCO ISLAND FL 33969 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1977						
2. Principal Place of Business 21	2a. Mailing Address		-		4. FEI Number		Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		3.75 Additional Fee Required		
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
Zip Country 24 25	Zlp 29	30 Cou	ıntry		8. This corporation owes or has paid the cu Personal Property Tax due June 30.	☐ Yes	s 💢 No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	t		
WOODWARD, CRAIG R.			81	Name	,				
606 BALD EAGLE DR., SUITE 500 MARCO ISLAND FL 33937				Street Addre	ss (P.O. Box Number is Not Acceptable)		7.0		
			83				(
			84	City	The I	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, and accept the obligations of Sections 607,0502 and 607,1508, Florida Statutes.

agent. i a	am familiar with, and accept the obligations of, Se	ection 607.0505, Flor	ida Statutes.			-		
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE:	Registered Agent signature	a required when reinstating)	DATE			
12.	OFFICERS AND DIRECTO	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	DELETE	1.1 TITLE		Change	Addition		
NAME	CURRAN, ROBERT E.		1.2 NAME					
STREET ADDRESS	140 SEAVIEW COURT, UNIT 1203N		1.3 STREET ADDRESS	İ				
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY+ST-ZIP	<u> </u>				
TITLE	D	DELETE	2.1 TITLE	D	Change	Addition		
NAME	CUMAN, LORENA B		2.2 NAME	CURRAM, LORER	201.B			
STREET ADDRESS	140 SEAVIEW COURT		2.3 STREET ADDRESS	CURR an, Lorer	· Whit Ias	NEC		
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY-ST-ZIP	marco Island, FL	. 3પાયંક			
TITLE	D	DELETE	3.1 TITLE	D	Change	Addition		
NAME	CUMAN, PAUL R		3.2 NAME	curran- Paulir		- • •		
STREET ADDRESS	140 SEAVIEW COURT		3.3 STREET ADDRESS	140 Seaview Cour	ct, Unit	1502M		
CITY-ST-ZIP	MARCO ISLAND FL		3.4, CITY-ST-ZIP	Marco Island, FL	<u>, 34145</u>			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4,3 STREET ADDRESS]				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	<u> </u>				
TITLE		DELETE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP			_		
TITLE		DELETE	61 TITLE		Change	Addition		
NAME			6,2 NAME	1				
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.