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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724120 (1)

1. Corporation Name
TECH OF COLLIER COUNTY, INC.



Principal Place of Business: 3984 ARNOLD AVENUE PO BOX 827 NAPLES FL 33991
Mailing Address: P O BOX 9409 NAPLES FL 34101-9409 US

3. Date incorporated or Qualified: 08/15/1972
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business: 21 State Apt #, etc: 26 Suite, Apt #, etc:
22 PO Box 9409 City & State: 27 City & State:
23 Zip: 24 34104-9409 Country: 25 Country: 28 Zip: 29 Country: 30
4. FEI Number: 59-1564538 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LAWSON, JOHN J. 5981 22ND AVE. S.W. NAPLES FL 33999 34116
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: 34116

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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: PE	NAME: LAWSON, JOHN J.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5981 22ND AVE. S.W.	CITY-STATE-ZIP: NAPLES, FL 00000	1.2 NAME:	
TITLE: DC	NAME: OATES, ED	1.3 STREET ADDRESS:	
STREET ADDRESS: 635 PALM CIRCLE E	CITY-STATE-ZIP: NAPLES, FL 0	1.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: DEHLER, M. MARGARET	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5211 1ST AVENUE N.W.	CITY-STATE-ZIP: NAPLES FL	2.2 NAME:	
TITLE: T	NAME: VINCENT, GRETA M	2.3 STREET ADDRESS:	
STREET ADDRESS: 432 FLAMINGO AVE	CITY-STATE-ZIP: NAPLES, FL 0	2.4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: BRINGARDNER, THOMAS A	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2220 IMPRIL GOLF CRSE BLV	CITY-STATE-ZIP: NAPLES FL	3.2 NAME:	
TITLE: VP	NAME: ALTARATZ, LAURA	3.3 STREET ADDRESS:	
STREET ADDRESS: 1036 WISCONSIN DRIVE	CITY-STATE-ZIP: NAPLES FL	3.4 CITY-STATE-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	TREASURER
TITLE:	NAME:	4.2 NAME:	BETTY ANN CAMERON
TITLE:	NAME:	4.3 STREET ADDRESS:	112 BLUE RIDGE DR.
TITLE:	NAME:	4.4 CITY-STATE-ZIP:	NAPLES, FL 34112
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
TITLE:	NAME:	6.4 CITY-STATE-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN J. LAWSON
Laytime Phone #: 0059283

CR2E037 (9/96)