

FILE NOW: FILING FEE IS \$61.25

FILED

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 33961
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: 22 PO Box 9409 City & State: 23 City & State: 24 Zip: 34104-9409 Country: 25 Country: 26 Mailing Address: 27 Suite, Apt. #, etc: 28 City & State: 29 Zip: 30 Country: 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
85 Zip Code: FL 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

TITLE	PE	<input type="checkbox"/> DELETE
NAME	LAWSON, JOHN J.	
STREET ADDRESS	5981 22ND AVE. S.W.	
CITY- ST- ZIP	NAPLES, FL 00000	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	OATES, ED	
STREET ADDRESS	635 PALM CIRCLE E	
CITY- ST- ZIP	NAPLES, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEHLER, M. MARGARET	
STREET ADDRESS	5211 1ST AVENUE N.W.	
CITY- ST- ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, GRETA M	
STREET ADDRESS	432 FLAMINGO AVE	
CITY- ST- ZIP	NAPLES, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRINGARDNER, THOMAS A	
STREET ADDRESS	2220 IMPRL GOLF CRSE BLV	
CITY- ST- ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALTARATZ, LAURA	
STREET ADDRESS	1036 WISCONSIN DRIVE	
CITY- ST- ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETTY ANN CAMERON
4.3 STREET ADDRESS	112 BLUE RIDGE DR.
4.4 CITY- ST- ZIP	NAPLES, FL 34112
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/31/97 941-643-5338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059283

CR2E037 (9/96)