

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 724120 (1)**  
 1. Corporation Name  
**TECH OF COLLIER COUNTY, INC.**

Principal Place of Business <b>3984 ARNOLD AVENUE NAPLES FL 34101 US</b>	Mailing Address <b>P O BOX 9409 NAPLES FL 33941 US</b>
---	---

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> SUITE A City & State
<b>23</b> Zip	<b>28</b> MIAMI FL City & State
<b>24</b> Country	<b>29</b> 33173 Zip
<b>25</b>	<b>30</b> USA Country

**3.** Date Incorporated or Qualified  
**08/15/1972**

**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**

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**LEECH, LESLIE W JR.**  
**9040 SUNSET DR., STE. 70A**  
**MIAMI FL**

**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

**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 <b>LAWSON, JOHN J.</b> 5981 22ND AVE. S.W. NAPLES, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D TUCKER, GERALDINE 8100 SW 133 COURT MIAMI FL 33183
TITLE	DC <b>OATES, ED</b> 635 PALM CIRCLE E NAPLES, FL 0	<input type="checkbox"/> DELETE	2.1 TITLE D SPELIOS, GEORGE L. 16920 SW 192 STREET MIAMI FL 33187
TITLE	S <b>DEHLER, M. MARGARET</b> 5211 1ST AVENUE N.W. NAPLES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D WEINGER, STEVEN M. 2650 SW 27 AVENUE MIAMI FL 33133
TITLE	T <b>CAMERON, BETTY ANN</b> 112 BLUE RIDGE DR NAPLES, FL 0	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D LEECH, LESLIE W JR. 9040 SUNSET DRIVE MIAMI FL 33173
TITLE	D <b>BRINGARDNER, THOMAS A</b> 2220 IMPRL GOLF CRSE BLV NAPLES FL	<input type="checkbox"/> DELETE	5.1 TITLE D [Blank]
TITLE	VP <b>ALTARATZ, LAURA</b> 1038 WISCONSIN DRIVE NAPLES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE <b>LAWSON, JOHN J.</b> 5981 22ND AVE. S.W. NAPLES, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D TUCKER, GERALDINE 8100 SW 133 COURT MIAMI FL 33183
TITLE	DC <b>OATES, ED</b> 635 PALM CIRCLE E NAPLES, FL 0	<input type="checkbox"/> DELETE	2.1 TITLE D SPELIOS, GEORGE L. 16920 SW 192 STREET MIAMI FL 33187
TITLE	S <b>DEHLER, M. MARGARET</b> 5211 1ST AVENUE N.W. NAPLES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D WEINGER, STEVEN M. 2650 SW 27 AVENUE MIAMI FL 33133
TITLE	T <b>CAMERON, BETTY ANN</b> 112 BLUE RIDGE DR NAPLES, FL 0	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D LEECH, LESLIE W JR. 9040 SUNSET DRIVE MIAMI FL 33173
TITLE	D <b>BRINGARDNER, THOMAS A</b> 2220 IMPRL GOLF CRSE BLV NAPLES FL	<input type="checkbox"/> DELETE	5.1 TITLE D [Blank]
TITLE	VP <b>ALTARATZ, LAURA</b> 1038 WISCONSIN DRIVE NAPLES FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D [Blank]

**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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **1/27/98 (305) 596-9040**

CR2E037 (10/97)