

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724120 (1)
 1. Corporation Name
TECH OF COLLIER COUNTY, INC.

Principal Place of Business 3984 ARNOLD AVENUE NAPLES FL 34101 US	Mailing Address P O BOX 9409 NAPLES FL 33941 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 SUITE A City & State
23 Zip	28 MIAMI FL City & State
24 Country	29 33173 Zip
25	30 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 LAWSON, JOHN J. 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DC OATES, ED 635 PALM CIRCLE E NAPLES, FL 0	<input type="checkbox"/> DELETE	1.2 NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	S DEHLER, M. MARGARET 5211 1ST AVENUE N.W. NAPLES FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	T CAMERON, BETTY ANN 112 BLUE RIDGE DR NAPLES, FL 0	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D BRINGARDNER, THOMAS A 2220 IMPRL GOLF CRSE BLV NAPLES FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VP ALTARATZ, LAURA 1038 WISCONSIN DRIVE NAPLES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			3.2 NAME	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			3.3 STREET ADDRESS	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			4.2 NAME	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			4.3 STREET ADDRESS	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.3 STREET ADDRESS	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.3 STREET ADDRESS	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)