

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

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

DOCUMENT # 761208 (8)

1. Corporation Name
COLLIER BUILDING INDUSTRY ASSOCIATION, INC.



Principal Place of Business 4627 ARNOLD AVE NAPLES FL 33942 US	Mailing Address 4627 ARNOLD AVE NAPLES FL 33942 US
---	---

3. Date Incorporated or Qualified 12/23/1981	
4. FEI Number 59-1284455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2465 TRADE CTR WAY Suite, Apt. #, etc.	2a. Mailing Address 26 2465 TRADE CTR WAY Suite, Apt. #, etc.
22 City & State 23 NAPLES, FL	27 City & State 28 NAPLES, FL
24 Zip 34109 25 Country COLLIER	29 Zip 34109 30 Country COLLIER

9. Name and Address of Current Registered Agent WARD, WHITLEY N. 4627 ARNOLD AVE 2465 TRADE CTR. WAY NAPLES FL 33942 34109	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
---	--

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 NAME STREET ADDRESS CITY-ST-ZIP	D MELSON, RICK <input type="checkbox"/> DELETE 8000 TAYLOR RD #1 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAVICH, BILL <input checked="" type="checkbox"/> DELETE 2073 J & C BLVD. NAPLES FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTON, DAVE <input type="checkbox"/> DELETE 3106 S HORSESHOE DR NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, STEVE <input checked="" type="checkbox"/> DELETE 6101 LEE ANN LANE NAPLES FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISEMAN, JOHN <input type="checkbox"/> DELETE 427 EXCHANGE AVE. NAPLES FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, WHITLEY N <input type="checkbox"/> DELETE 327 S HORSESHOE DRIVE NAPLES FL 33942

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D JOHN LEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1923 TRADE CTR. WAY NAPLES, FL 34109
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2465 Trade Center Way NAPLES, FLA 34109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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: _____ 7-15-98 941-592-6100

CR2E037 (5/98)