

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 038 ****70.00

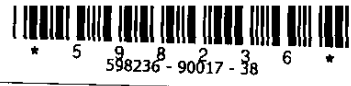
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 761208 ✓

1. Corporation Name
COLLIER BUILDING INDUSTRY ASSOCIATION, INC.



Principal Place of Business: 2465 TRADE CENTER WAY, NAPLES FL 34109, US
 Mailing Address: 2465 TRADE CENTER WAY, NAPLES FL 34109, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/23/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEEL Number	
				59-1284455	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WARD, WHITLEY N. 4627 ARNOLD AVE NAPLES FL 33942				81	Name			DAVID ELLIS
				82	Street Address (P.O. Box Number is Not Acceptable)			2465 TRADE CENTER WAY
				83				
				84	City	NAPLES	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: *[Signature]* **DAVID ELLIS** DATE: **7-14-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	HASH, JOHN DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELSON, RICK	1.2 NAME	JOHN HASH
STREET ADDRESS	6000 TAYLOR RD #1	1.3 STREET ADDRESS	601 EAGLE CREEK DR.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34113
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, JOHN	2.2 NAME	DAVID ELLIS
STREET ADDRESS	1923 TRADE CENTER WAY	2.3 STREET ADDRESS	2465 TRADE CENTER WAY
CITY-ST-ZIP	NAPLES FL 34109	2.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	MARLENE MEADE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTON, DAVE	3.2 NAME	
STREET ADDRESS	3106 S HORSESHOE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISEMAN, JOHN	4.2 NAME	MARLENE MEADE
STREET ADDRESS	427 EXCHANGE AVE.	4.3 STREET ADDRESS	3845 FOREST GLEN BLVD.
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	WARD, WHITLEY N	5.2 NAME	
STREET ADDRESS	2465 TRADE CENTER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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, with all other like empowered.

SIGNATURE: *[Signature]* **MELSON** DATE: **7-14-99** DAYTIME PHONE: **941-566-3204**

CR2E037 (5/99)