

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H82736 (0)**
1. Corporation Name
GEOFFREY ALLAN COLL, INC.



Principal Place of Business: **7100 WEST 20TH AVENUE, SUITE 101 HIALEAH FL 33016**
Mailing Address: **C/O ALAN R. CHASE 8400 S. DADELAND BLVD., SUITE 600 MIAMI FL 33156-2822 US**

3. Date Incorporated or Qualified: **10/28/1985**
3a. Date of Last Report: **08/07/1996**
4. FEI Number: **59-2584732**
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

2. Principal Place of Business: **21 10729 S.W. 104th Street**
22. City & State: **Miami, FL**
23. Zip: **33176** Country: **US**
2a. Mailing Address: **26 10729 S.W. 104th Street**
27. City & State: **Miami, FL**
28. Zip: **33176** Country: **US**

9. Name and Address of Current Registered Agent: **CHASE, ALAN R ESQ. 8400 S. DADELAND BLVD., SUITE 600 MIAMI FL 33158**
10. Name and Address of New Registered Agent:
81 Name: **Irwin B. Freund**
82 Street Address (P.O. Box Number is Not Acceptable): **10729 S.W. 104th Street**
83
84 City: **Miami** FL 85 Zip Code: **33176**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE: *Irwin B. Freund* **Irwin B. Freund** DATE: **4/27/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COLL, GEOFFREY ALLAN	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 7100 W 20TH AVE, STE 101	CITY-ST-ZIP: HIALEAH FL	1.2 NAME:	
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: VT	NAME: COLL, AUDREY T	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 12140 SW 101 AVENUE	CITY-ST-ZIP: MIAMI FL	2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: 33176	
	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
TITLE:	NAME:	4.4 CITY-ST-ZIP:	
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	
	<input type="checkbox"/> DELETE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Audrey T. Coll* **Audrey T. Coll** DATE: **4/27/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)