

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L44013** (5)

1. Corporation Name
INTERSTATE COLONIAL CORPORATION



Principal Place of Business: % TIMOTHY G. HAINS, 400 5TH AVE. S. STE 301, NAPLES FL 33940
Mailing Address: % TIMOTHY G. HAINS, 4501 N TAMiami TRAIL SUITE 300, NAPLES FL 33940, US

2. Principal Place of Business: 21 801 - 12th Ave. S. #400, 22 Naples, Florida, 23 33940, 24 25 Collier
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 03/14/1995
4. FEI Number: 65-0175189
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HAINS, TIMOTHY G., 4501 N TAMiami TRAIL #300, NAPLES FL 33940

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
D SUTTON, KERMIT S., 400 5TH AVE. SOUTH, #301, NAPLES FL
D SPENCER, DAVID S., 3255 TAMiami TR. NORTH, NAPLES FL
D MCCOLLUM, GORDON A., 1801 GRAND AVE., DES MOINES IA
D WILLIAMS, JOHN B., 3420 S.W. 9TH ST., DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-STATE-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-STATE-ZIP, 31 NAME, 32 STREET ADDRESS, 34 CITY-STATE-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-STATE-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-STATE-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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: _____ DATE: 2-5-96 TIME: 9412638333

CR2E034 (12/95)