


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18627 (2)**  
1. Corporation Name  
**COLLIER COUNTY PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION, INC.**



Principal Place of Business <b>PO BOX 990071 NAPLES FL 33999-9060</b>	Mailing Address <b>PO BOX 990071 NAPLES FL 34116-6060</b>
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3. Date Incorporated or Qualified <b>01/06/1987</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0161167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
<b>34116-6060</b> 25	29 30

9. Name and Address of Current Registered Agent  
**CLAVELO, VICKI A.  
3810 21ST AVE., SOUTHWEST  
NAPLES FL 33964**

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 <b>FL 34117</b>

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	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MELONEY, R. DAVID</b>
STREET ADDRESS	<b>1916 40TH TERRACE, SW</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, ALLEN D.</b>
STREET ADDRESS	<b>1101-E SUN CENTURY ROAD</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERMAN, DANIEL</b>
STREET ADDRESS	<b>1902 3LSA STREET</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BIERLEY, JAMES</b>
STREET ADDRESS	<b>4303-A EXCHANGE AVE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DIDONATO, EDWARD</b>
STREET ADDRESS	<b>4174 3RD AVENUE, NW</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PEROSI, VICTOR</b>
STREET ADDRESS	<b>1910 PRINCESS COURT</b>
CITY-ST-ZIP	<b>NAPLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BROUGHTON, Joseph</b>
1.3 STREET ADDRESS	<b>P. O. Box 1325 (N/A)</b>
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34133</b>
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MELONEY, R. David</b>
2.3 STREET ADDRESS	<b>1916 - 40th Terrace, S. W.</b>
2.4 CITY-ST-ZIP	<b>Naples, FL 34116</b>
3.1 TITLE	<b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ANDERMAN, DANIEL</b>
3.3 STREET ADDRESS	<b>1900 Trade Center Way</b>
3.4 CITY-ST-ZIP	<b>Naples, FL 34109</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BIERLEY, JAMES</b>
4.3 STREET ADDRESS	<b>4303-A Exchange Avenue</b>
4.4 CITY-ST-ZIP	<b>Naples, FL 34104</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DI DONATO, Edward</b>
5.3 STREET ADDRESS	<b>4174 - 3rd Avenue, N.W.</b>
5.4 CITY-ST-ZIP	<b>Naples, FL 34119</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PEROSI, Victor</b>
6.3 STREET ADDRESS	<b>1910 Princess Court</b>
6.4 CITY-ST-ZIP	<b>Naples, FL 34110</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)