

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # N94000002334 (0)

1. Corporation Name
COLLINS CENTER FUND, INC.



Principal Place of Business Mailing Address
**CAWTHORP HOUSE
FSU LAW SCHOOL CAMPUS
TALLAHASSEE FL 32302
US** **PO BOX 1658
TALLAHASSEE FL 32302-1658**

3. Date Incorporated or Qualified **06/30/1993** 3a. Date of Last Report **05/16/1995**

21	2. Principal Place of Business Cawthorp House	26	2a. Mailing Address	4.	FEI Number 65-0477373	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETREY, RODERICK N
701 BRICKELL AVE
SUITE 3000
MIAMI FL 33131**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APTHORP, JAMES W	1.2 NAME	
STREET ADDRESS	15310 AMBERLY DR SUITE 220	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASKEW, RUEBIN	2.2 NAME	ASKEW, RUEBIN
STREET ADDRESS	255 S ORANGE AVE 10TH FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETREY, RODERICK N	3.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	3.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, JOHN R III	4.2 NAME	
STREET ADDRESS	1065 E COLLEGE AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN E	5.2 NAME	
STREET ADDRESS	4000 SE FIN'L CTR	5.3 STREET ADDRESS	
CITY - ST - ZIP	MAIMI FL 33131	5.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, STELLA	6.2 NAME	
STREET ADDRESS	215 MADISON ST #2400 1ST FLOOR TOWER	6.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - 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; 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: *Roderick N. Petrey* President 1/29/96 305-789-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Roderick N. Petrey, President

CR2E037 (12/95)