

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 # P92000014102 (7)

1. Corporation Name
COMMERCIAL MANAGEMENT OF COLLIER COUNTY, INC.



Principal Place of Business: **4200 GULF SHORE BLVD. NORTH NAPLES FL 33940**
Mailing Address: **4200 GULF SHORE BLVD. NORTH NAPLES FL 33940**

3. Date Incorporated or Qualified: **12/23/1992**
3a. Date of Last Report: **03/30/1995**
4. FCI Number: **65-0375400**
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 []
22 Suite, Apt. #, etc. []
23 City & State []
24 Zip [] 25 Country []
2a. Mailing Address: 26 []
27 Suite, Apt. #, etc. []
28 City & State []
29 Zip [] 30 Country []

9. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J
4001 TAMiami TRAIL NORTH
SUITE 404
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name []
82 Street Address (P.O. Box Numbers Not Acceptable) []
83 []
84 City [] 85 Zip Code [] **FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1505, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: PV	<input type="checkbox"/> DELETE
12.2 NAME: LUTGERT, SCOTT F	
12.3 STREET ADDRESS: 4200 GULF SHORE BLVD., NORTH NAPLES FL	
12.4 CITY-ST-ZIP: VS	<input type="checkbox"/> DELETE
12.5 NAME: BAKER, RICHARD J	
12.6 STREET ADDRESS: 4200 GULF SHORE BLVD., NORTH NAPLES FL	
12.7 CITY-ST-ZIP: VT	<input type="checkbox"/> DELETE
12.8 NAME: GUTMAN, HOWARD B	
12.9 STREET ADDRESS: 4200 GULF SHORE BLVD., NORTH NAPLES FL	
12.10 CITY-ST-ZIP: []	<input type="checkbox"/> DELETE
12.11 NAME: []	
12.12 STREET ADDRESS: []	
12.13 CITY-ST-ZIP: []	<input type="checkbox"/> DELETE
12.14 NAME: []	
12.15 STREET ADDRESS: []	
12.16 CITY-ST-ZIP: []	<input type="checkbox"/> DELETE
12.17 NAME: []	
12.18 STREET ADDRESS: []	
12.19 CITY-ST-ZIP: []	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: []	
13.3 STREET ADDRESS: []	
13.4 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE: []	
13.6 NAME: []	
13.7 STREET ADDRESS: []	
13.8 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE: []	
13.10 NAME: []	
13.11 STREET ADDRESS: []	
13.12 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE: []	
13.14 NAME: []	
13.15 STREET ADDRESS: []	
13.16 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE: []	
13.18 NAME: []	
13.19 STREET ADDRESS: []	
13.20 CITY-ST-ZIP: []	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form by the corporation is true and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of the corporation's 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 agent or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or deleted and furnished with an address.

SIGNATURE:

HOWARD B. GUTMAN

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

(941) 261-6100

CR2E034 (12/95)