


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056851 (3)
 1. Corporation Name
COLGATE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O THE CAPTAIN'S CABIN 3380 MERCANTILE AVENUE NAPLES FL 34105	Mailing Address C/O THE CAPTAIN'S CABIN 3380 MERCANTILE AVENUE NAPLES FL 34105
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3. Date Incorporated or Qualified
06/26/1997

4. FEI Number
59-3454931 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34104	Country 25
Zip 29 34104	Country 30

9. Name and Address of Current Registered Agent
SCHWEIKHARDT, WILLIAM
9000 SIXTH AVENUE
SUITE 203
NAPLES FL 34102

10. Name and Address of New Registered Agent
 81 Name **Elizabeth Blake**
 82 Street Address (P.O. Box Number is Not Acceptable)
3380 Mercantile Ave
 83
 84 City **Naples** **FL** 85 Zip Code **34104**

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, 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 *Elizabeth Blake* *Elizabeth Blake* *President* **1-15-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE President <input type="checkbox"/> DELETE
NAME Elizabeth Blake
STREET ADDRESS 3380 Mercantile Ave
CITY - ST - ZIP NAPLES, FL 34104
TITLE <input type="checkbox"/> DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I 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: *Elizabeth Blake* **1-15-98** **643-2608** (94)

CR2E034 (10/97)