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**APPROVED
AND
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95 MAY -1 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S33406

(7)

1. Corporation Name

DOMINIQUE COLAS, INC.

Principal Place of Business

Mailing Address

17217 JOHNSTON DRIVE
FT. MYERS FL 33912

17217 JOHNSTON DRIVE
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

05/13/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0245382

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**COLAS, DOMINIQUE
17217 JOHNSTON DRIVE
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
COLAS, DOMINIQUE
17217 JOHNSTON DRIVE
FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

Dominique Colas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRES MONTH