

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 271801 (3)
 1. Corporation Name
COLLIER LAND AND CATTLE CORPORATION



Principal Place of Business 3003 N TAMiami TRAIL NAPLES FL 33940	Mailing Address 3003 N TAMiami TRAIL NAPLES FL 34103-2714
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/12/1963	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1030307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLORA, TERRY L
3003 N TAMiami TRAIL
NAPLES FL 33940

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

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	FLOOD, THOMAS J
STREET ADDRESS	3003 TAMiami TRAIL NORTH
CITY-ST-ZIP	NAPLES FL 33940
TITLE	PD <input type="checkbox"/> DELETE
NAME	COLLIER, MILES C
STREET ADDRESS	3003 NORTH TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	COLLIER, BARRON G. II
STREET ADDRESS	3003 NORTH TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	TAYLOR, MICHAEL O
STREET ADDRESS	3003 N. TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL
TITLE	VS <input type="checkbox"/> DELETE
NAME	FLORA, TERRY L
STREET ADDRESS	3003 N. TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MASON, CHARLES H
STREET ADDRESS	3003 N. TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL

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

SIGNATURE: _____ DATE: **4/21/97** DAYTIME PHONE #: **941-261-4455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)