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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

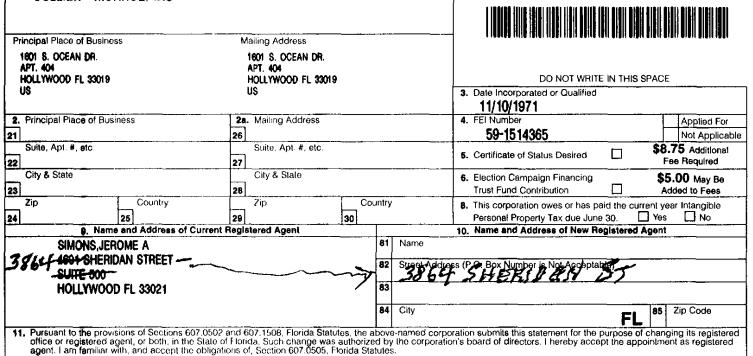
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

COLLIER - MONROE, INC.

FILED
May 06 1998 8:00am
Secretary of State



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Change ☐ Addition TITLE 1.1 TITLE DINES, JACK NAME 1.2 NAME 1601 SOUTH OCEAN DR., #404 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 3864 SHERIDAY ST SIMONS, DAVID J. 4601-SHERIDAN ST. #500 2.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY ST-Z 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **DINES, BURTON** NAME 3.2 NAME 1801 SOUTH OCEAN DR., #404 STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change TITLE 41 THLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this file ng 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 suppliemontal annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the resolver or truspec 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 will an address.