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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 562897 (9)

1. Corporation Name
COLLINS LAND COMPANY

Principal Place of Business

625 N RIVER DR., #304
P.O. BOX 2146
STUART FL 34995

Mailing Address

625 N RIVER DR., #304
P.O. BOX 2146
STUART FL 34995-2146



3. Date Incorporated or Qualified 03/24/1978 3a. Date of Last Report 04/15/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 312 E. SEAVIEW DR		26 312 E. SEAVIEW DR		59-1803732		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Duck Key, FL		28 Duck Key, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33050 25 US		29 33050 30 US					

9. Name and Address of Current Registered Agent

COLLINS, NEIL A.
625 N RIVER DR
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name COLLINS NEIL A
82 Street Address (P.O. Box Number is Not Acceptable) 312 E. SEAVIEW DR
83
84 City DUCK KEY FL 85 Zip Code 33050

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	COLLINS, NEIL A.	1.2 NAME	COLLINS NEIL A
STREET ADDRESS	625 N. RIVER DRIVE, #304	1.3 STREET ADDRESS	312 E. SEAVIEW DR
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	DUCK KEY, FL 33050
TITLE	VTSD	2.1 TITLE	VTSD
NAME	COLLINS, THELMA M.	2.2 NAME	Collins, Thelma M
STREET ADDRESS	625 N. RIVER DR. # 304	2.3 STREET ADDRESS	312 E. SEAVIEW DR
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	DUCK KEY, FL 33050
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] NEIL A. COLLINS 1-16-97 305-743-6769

CR2E034 (9/96)