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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F04750

COLLINS INVESTMENT CORP. OF BREVARD

		8 8 10		2 IMBEIMD SILL MOIST BEBLE GREEN BRIES MACE MERSEN	11811 81815 EVELT BIRTH BIRTH BIRTH
Principal Place of Business Mailing Address				•	
1639 HARBOR DRIVE 1639 HARBOR DRIVE					
MERRITT ISLAND FL 32952 MERR		MERRITT ISLAND FL 32952		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	,
	•			11/01/1980	•
2 Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
		<b>⊢</b> •		59-2038288	Not Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					\$8.75 Additional
55.00,7,52.07,500		<u> </u>		5. Certificate of Status Desired	Fee Required
22				6. Election Campaign Financing	\$5.00 May Be
		<b>├</b> ─ ′		Trust Fund Contribution	Added to Fees
		ountry	8. This corporation owes the current year In	tangible	
24	25	29 30	•	Personal Property Tax.	¥Yes □No
241	9. Name and Address of Current		T	10. Name and Address of New Registered	Agent
81 Name					
SPIE	ELVOGEL, LEONARD				
101 S. COURTENAY PARKWAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	RRITT ISLAND FL 32952		83		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(III) 100 dtb 12 02002				A ret Brake High
	•		84 City	EI	85 Zip Code
<u> </u>		1007 4500 Flydd Chattan the	above semed seme	eration cultimite this statement for the numose of	changing its registered
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				(when reinstating) DATE	<u></u>
	Signature, typed or printed name of registered agent		red Agent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS ANI		3.		Change Addition
TITLE	DP.		1 TITLE		
NAME	COLLINS, DERON		2 NAME	•	:
STREET ADDRESS	1639 HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DV	☐ DELETE 2.	1 TITLE		☐ Criange ☐ Addition
NAME	COLLINS, JEFFREY S.	2.	2 NAME		
STREET ADDRESS	1014 HORTON COURT	2.3	3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	2.	4 CITY-ST-ZIP		
TITLE		☐ DELETE 3.	1 TITLE		Change Addition
NAME		. ↑ ↑;	2 NAME		
STREET ADDRESS	in the state of th	3.	3 STREET ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP		3.	4. C(TY-ST-ZIP	- <u>维维</u>	
TITLE	7		1 TITLE		☐ Change ☐ Addition
NAME		4.	2 NAME		*
		4	3 STREET ADDRESS		
STREET ADDRESS	<b>]</b>		4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		the same of the sa	1 TITLE		☐ Change ☐ Addition
	k		2 NAME	•	- MAS
NAME			3 STREET ADDRESS		•
STREET ADDRESS	1		1	•	
		3 <b>I</b>	4 CITY-ST-ZIP		
CITY-ST-ZIP		<u></u>	4 CITY-ST-ZIP 1 TITLE		☐ Change ☐ Addition

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, with all given like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90046 012 \*\*\*150.00