

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F15398** (3)

To: Corporation's Owner

COLLABORATIVE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

% **GEORGE UNANUE**
11108 RICHLYNE STREET
TEMPLE TERRACE FL 33617

% **GEORGE UNANUE**
11108 RICHLYNE STREET
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/16/1981

3a. Date of Last Report
07/01/1994

4. FEI Number
59-2172371

Applied Fee
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 19-1901(2)?
Change Statute ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

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County, City & State

County, City & State

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City & State

City & State

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNANUE, GEORGE
11108 RICHLYNE STREET
TEMPLE TERRACE FL 33617

81. Name

82. Street Address (if C. Box Number is Not Applicable)

83

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original filed with the Secretary of State of the State of Florida. The changes were authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the requirements of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	STREET ADDRESS	CITY	STATE	ZIP
PD UNANUE, GEORGE	11108 RICHLYNE STREET	TEMPLE TERRACE, FL	00000	

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
1. NAME	1. STREET ADDRESS	1. CITY	1. STATE	1. ZIP	☐	☐
2. NAME	2. STREET ADDRESS	2. CITY	2. STATE	2. ZIP	☐	☐
3. NAME	3. STREET ADDRESS	3. CITY	3. STATE	3. ZIP	☐	☐
4. NAME	4. STREET ADDRESS	4. CITY	4. STATE	4. ZIP	☐	☐
5. NAME	5. STREET ADDRESS	5. CITY	5. STATE	5. ZIP	☐	☐
6. NAME	6. STREET ADDRESS	6. CITY	6. STATE	6. ZIP	☐	☐
7. NAME	7. STREET ADDRESS	7. CITY	7. STATE	7. ZIP	☐	☐
8. NAME	8. STREET ADDRESS	8. CITY	8. STATE	8. ZIP	☐	☐
9. NAME	9. STREET ADDRESS	9. CITY	9. STATE	9. ZIP	☐	☐
10. NAME	10. STREET ADDRESS	10. CITY	10. STATE	10. ZIP	☐	☐
11. NAME	11. STREET ADDRESS	11. CITY	11. STATE	11. ZIP	☐	☐
12. NAME	12. STREET ADDRESS	12. CITY	12. STATE	12. ZIP	☐	☐
13. NAME	13. STREET ADDRESS	13. CITY	13. STATE	13. ZIP	☐	☐
14. NAME	14. STREET ADDRESS	14. CITY	14. STATE	14. ZIP	☐	☐
15. NAME	15. STREET ADDRESS	15. CITY	15. STATE	15. ZIP	☐	☐
16. NAME	16. STREET ADDRESS	16. CITY	16. STATE	16. ZIP	☐	☐
17. NAME	17. STREET ADDRESS	17. CITY	17. STATE	17. ZIP	☐	☐
18. NAME	18. STREET ADDRESS	18. CITY	18. STATE	18. ZIP	☐	☐
19. NAME	19. STREET ADDRESS	19. CITY	19. STATE	19. ZIP	☐	☐
20. NAME	20. STREET ADDRESS	20. CITY	20. STATE	20. ZIP	☐	☐

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1901(2)(b), Florida Statutes. I further certify that the changes made are correct on the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. That I am and have been a director of the corporation or that I am or have been authorized to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1 of the annual report or supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

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