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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000005971 (6)

COLLINS TECHNICAL LTD., CORP.

Principal Place of Business	Mailing Address		t redited hirk favn didit bolit aarit Obiit danit oofdt diith	1011) 14991 (191 190)
8330 AIA S	8330 AIA S			
ST AUGUSTINE FL 32086	ST AUGUSTINE FL 32006 US	3	DO NOT WRITE IN THIS SPAC	F
, w	03		3. Date Incorporated or Qualified	
			11/18/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		23-2075860	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			3.75 Additional
[22]	27		C. Commodic of Clarke Doorloo	Fee Required
City & State	City & State			5.00 May Be
Zip Country	7 _{ip}	Country	——————————————————————————————————————	Added to Fees
24 25	29	30	8. This corporation owes or has paid the current y Personal Property Tax due June 30.	
9, Name and Address of Current		1301	10. Name and Address of New Registered Agent	
COLLINS, JOHN		81 Name		
8330 A1A S.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ST. AUGUSTINE FL 32086		or Street Woo	ress (F.O. DOX Number is NOT Acceptable)	
		83		
		84 City	85	Zip Code
			FL **	2.5 0000
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose of char	nging its registered
agent. I am familiar with, and accept the obligat	ons of, Section 607.0505, Flo	prida Statutes.	tion's board of directors. I hereby accept the appointm	ieni as registered
SIGNATURE				
Signature, lyped or printed name of registered agent 12. OFFICERS AND		E: Registered Agent signature requ		
TITLE P	DIMECTONS			FCTCCC IN 40
	DELETE		ADDITIONS/CHANGES TO OFFICERS AND DIRI	
	DELETE	1.1 TITLE		ECTORS IN 12 Change Addition
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14. Thereby 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 eath; 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. 904 461-4546

SIGNATURE:

FILED

Apr 03 1998 8:00am

Secretary of State