

3-6-97 15-2744 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H05853** (7)
1. Corporation Name
COLLIER FINANCIAL SYSTEMS, INC.



Principal Place of Business 4985 E. TAMiami TRAIL NAPLES FL 33962	Mailing Address 4985 E. TAMiami TRAIL NAPLES FL 34113-4131
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3. Date Incorporated or Qualified 05/31/1984	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 3243 BOCA CIEGA DR Suite, Apt. #, etc. 22 City & State 23 NAPLES, FL Zip 24 34112-6107 Country 25 USA	2a. Mailing Address 26 3243 BOCA CIEGA DR Suite, Apt. #, etc. 27 City & State 28 NAPLES, FL Zip 29 34112-6107 Country 30 USA
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4. FEI Number 59-2418594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BANTZ, THOMAS M. 3243 BOCA CIEGA DR. NAPLES FL 33962	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34112-6107

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BANTZ, THOMAS M.		1.2 NAME	
STREET ADDRESS 3423 BOCA CIEGA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP 34112-6107	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BANTZ, DOLORES J.		2.2 NAME	
STREET ADDRESS 3423 BOCA CIEGA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP 34112-6107	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BANTZ, THOMAS, L		3.2 NAME	
STREET ADDRESS 916 WISCONSIN AVE		3.3 STREET ADDRESS 300 PACIFIC AVE	
CITY-ST-ZIP SAN FRANCISCO CA		3.4 CITY-ST-ZIP PIEDMONT, CA 94611	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Thomas M Bantz **THOMAS M BANTZ** **3-3-97** **941/775-206**

CR2E034 (9/96)