


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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J77873 (4)**  
 1. Corporation Name  
**COLLINS & DUPONT INTERIORS, INC.**

Principal Place of Business <b>12553 NEW BRITTANY BLVD. FT. MYERS FL 33907</b>	Mailing Address <b>12553 NEW BRITTANY BLVD FT. MYERS FL 33907 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>0911 Brighton Lane</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>0911 Brighton Lane</b> Suite, Apt. #, etc.
22 City & State 23 <b>Bonita Springs, FL</b>	27 City & State 28 <b>Bonita Springs, FL</b>
24 Zip <b>34134</b> Country	29 Zip <b>34134</b> Country

3. Date Incorporated or Qualified <b>06/16/1987</b>	
4. FEI Number <b>59-2837814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GERSTLER, GREGORY M.**  
**12553 NEW BRITTANY BLVD**  
**FORT MYERS FL 33907**

10. Name and Address of New Registered Agent  
 81 Name **Richard B. Clarke**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**0911 Brighton Lane**  
 83  
 84 City **Bonita Springs** **FL** 85 Zip Code **34134**

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: *Richard B. Clarke* (c.o.o.) DATE: **4-6-98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS DUPONT, SHERRON 12322 MC GREGOR WOODS CR FT. MYERS FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT COLLINS, KIM 15176 BAHIA COURT FT. MYERS FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO CLARKE, RICHARD B 11570 HAMPTON GREENS DRIVE FT MYERS FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>COO CLARKE, RICHARD B</b>
3.3 STREET ADDRESS	<b>1426 OLMEDA WAY</b>
3.4 CITY-ST-ZIP	<b>FT. MYERS, FL 33501</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 of 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: *Richard B. Clarke* DATE: **4-6-98 (941) 939-4200**

CR2E034 (10/97)