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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT #

1. Corporation Name MIKE COLLIER & CO., INC.

Mailing Address	
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							DEL BEDT ATAIL D	SALL BIBIL ALBRE	ALAN EIGH IBO
Principal Place of	Business	Mail	ing Address						
691 AVENUE G. S.E. P.O. BOX 2028 WINTER HAVEN FL 33883			691 AVENUE G. S.E. P.O. BOX 2028 WINTER HAVEN FL 33883						
					3. Date Incorporated or Qualified 3a. Date 11/09/1987		of Last Report 04/27/1995		
2. Principal Plac	e of Business	2a.	Mailing Address			4. FEI Number		<u> </u>	oplied For
1		26				65-0015335			ot Applicable
Suite, Apt. #.	etc.	 1	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
2		27				6. Election Campaign Financing			May Be
City & State		28	City & State			1 rust Fund Contribution			to Fees
3	Country			Coun		8. This corporation has liability for	intangible ta	x under s	199.032
Ζιρ 4]	25	29	-	30		Florida Statutes	; □No		*******
<u></u>	9. Name and Address of Curre		ered Agent			10. Name and Address of New F	Registered	Agent	
					Name				
	r, Michael H.			1	32 Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	enue G. S.E.								
P.O. BO				1	33				
WINTER	R HAVEN FL 33883			ļ.	34 City		FL	85 Zip	Code
						oration submits this statement for the pu		acqina ite re	ojetarad office
familiar with									
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rounteredy deligy that the information supplied which his ming is voluntarily turnshed and does not quarry to the exemption stated in Section 1.19.07(5)(6)(6), Florida Statutes. To the 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 directly of the proposition of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 10 if chapters of the proposition of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 10 if chapters of the proposition of the propo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR