

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

FILED  
Mar 19 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 # K69588 (7)  
1. Corporation Name  
J.P. COLLINS & COMPANY



Principal Place of Business 120 EAST OAKLAND PARK BLVD SUITE 105 FT LAUDERDALE FL 33334 US	Mailing Address 4901 NW 17TH WAY SUITE 103 FT LAUDERDALE FL 33309-3770 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 4901 NW 17th Way 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 03/01/1989	3a. Date of Last Report 01/25/1996	4. FEI Number 65-0111600 Applied For 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	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <del>WHITE, JOHN II</del> 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name John P. Collins 82 Street Address (P.O. Box Number is Not Acceptable) 4901 NW 17th Way 83 Suite 103 84 City Ft. Lauderdale FL 85 Zip Code 33309
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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 JOHN P. COLLINS 3/10/97  
Signature, typed or printed name of registered agent and his agent cards (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME D COLLINS, JOHN P. STREET ADDRESS 3950 NW 53 STREET CITY-ST-ZIP BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: 2/20/97 954/351-9993

CR2E034 (9/96)