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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06384

1. Corporation Name

COLLIER FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
C/O BRUCE S. SHERMAN 3003 TAMIAMI TRAIL NORTH NAPLES, FL 33940	C/O BRUCE S. SHERMAN 3003 TAMIAMI TRAIL NORTH NAPLES, FL 33940

3. Date Incorporated or Qualified: 10/12/84
3a. Date of Last Report: 04/30/96

2. Principal Place of Business	2a. Mailing Address
21 3003 TAMIAMI TRAIL NORTH	26 3003 TAMIAMI TRAIL NORTH
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 NAPLES, FL	28 NAPLES, FL
24 Zip 34103 / 25 Country	29 Zip 34103 / 30 Country

4. FEI Number: 59-2460738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERMAN, BRUCE S.
3003 TAMIAMI TRAIL NORTH
NAPLES, FL 33940

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIER, MILES C. 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIER READ, ISABEL 3003 TAMIAMI TRAIL NORTH NAPLES,FL 34103 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHERMAN, BRUCE S. 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POWERS, GREGG J. 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIER, BARRON G., II 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOYCE, DAVID G. 3003 TAMIAMI TRAIL NORTH NAPLES, FL 34103 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***165.00

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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 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: _____ 4/21/97 941-261-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID G. JOYCE