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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93361

(7)

CHARLES COLLIER REALTY, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 18810041 146 16184 11106 16146 01461	ILDI ALBSI OLI		
12297 HIDDEN HILLS DR. 4552 BAY HARBOUR DR. JACKSONVILLE FL 32225-3600 JACKSONVILLE FL 32225-3						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2 Oringinal D	lace of Business	2a. Mailino Address				08/01/1988 4. FEI Number	<u></u>		
ı. Finicipar F.	race or publicae	26				59-3033230			opplied For lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc						Additional	
2		27			5. Certificate of Status Desired	Land	Fee F	tequired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Žip	Con	ntry		8. This corporation owes or has p		LANCE .	
4	25	29	30			Personal Property (ax due Jun		A ADDITION OF THE PARTY OF THE	No
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New R	gisterea	Agent	PARTIES
-	OLLIER, CHARLES SR. 52 BAY HARBOUR DR.								
JACKSONVILLE FL 32225				82	Street Addres	ss (P.O. Box Number is Not Accepte	ole)		
				83				_	
				84	City		FL	85 Zip	Code
agent, i a	o the provisions of Sections 607,0502 egistered agent, or both, in the State of mamiliar with, and accept the obligat	and 607 1508, Florida Statut of Florida, Such change was itons of, Section 607 0505, Flo	es, the ab authorized orida Stat	oove- d by utes	named corpor the corporation	ration submits this statement for the n's board of directors. I hereby access	purpose o	it changing cointment as	its registered s registered
SIGNATURE .	Signature, typed or printed name of registered agent	and title it applicable. (NO)	t. Hegistered	Agen	t signature required	when reinstalling)	DATE		
12.	OFFICERS AND		13.	***************************************	مُسَمِينَ السَّمِينَ السَّمِينَ السَّمِينَ السَّمِينَ السَّمِينَ السَّمِينَ السَّمِينَ السَّمِينَ ا	ADDITIONS/CHANGES TO OFFI	CERS AN	DIRECTO	RS IN 12
TIFLE	P	DELETE	DELETE 1.1 TITI					Change	Addition
NAME	COLLIER, CHARLES E JR	DAY HADDOND OD		ME					-
STREET ADDRESS	4552 BAY HARBOUR DR.		W		DDRESS				
CITY-SI-ZIP	JACKSONVILLE FL 32225			ry-st	- 7IP			I I Ober an	- Addition
TITLE	COLLIER, KIM G	T T		2.1 TITLE 3.2 NAME				Change	Addition
NAME STREET ADDRESS	4552 BAY HARBOUR DR.	E.			DPRESS				ļ
CITY-S1-ZIP	JACKSONVILLE FL 32225		2.3 S I		1		2		ţ
TITLE	ST			LE				Change	Addition
NAME]	COLLIER, JO ANN		3,2 NA	Μŧ	l				}
STREET ADDRESS	4552 BAY HARBOUR DR.		3.850	REET A	DDRESS				[
COTY-SI-ZIP	JACKSONVILLE FL 32225		34 CF	TY-51	- 71P				
TIFLE		DELETE	4.1 lif	l F	į			Change	Addition
NAME			4.2 %						ĺ
STREET ADDRESS			W		DDRESS				į
CITY-ST-ZIP		DELETE	44 C/T	-	SIb			Change	Addition
TITLE		L DELETE	5.1 117					िय स्थायातेत	L., J Audikosi
NAME			5.2 NA		PARTIE				į
STREET ADDRESS			₩.		DORESS				
OTY-SI-ZIP TOTLE		DELETE	5.4 CIT		7f			Change	Addition
NAME		leval VALLIE	62 NA					- Uniting o	Sand Darmort
STREET ADURESS			K		DORESS				
CITY-SI-ZIP			6.4 CIT		!				
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Indicated on this annual report or supplied with inits ruling does not quality for ne exemption stated in Section 119.0/(3)(n), Florida Statutes. I further certify that the informatio 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.

GNATURE:

GNATURE:

SIGNATURE: