


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29298** (9)

1. Corporation Name

COLLIER COUNTY LOAN CONSORTIUM, INC.



Principal Place of Business 3285 TAMiami TRAIL EAST NAPLES FL 33962 US	Mailing Address 3285 TAMiami TRAIL EAST NAPLES FL 34112-5758 US
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3. Date Incorporated or Qualified 11/15/1988	3a. Date of Last Report 06/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0150050	Applied For <input type="checkbox"/> 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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOGER, SHERRY S. 3285 TAMiami TRAIL EAST NAPLES FL 33962	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOGER, SHERRY S	1.2 NAME	
STREET ADDRESS	3285 TAMiami TRAIL EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALCIGLIA, THOMAS J	2.2 NAME	Sandra Phillips
STREET ADDRESS	4933 TAMiami TRAIL NORTH, SUIT 304	2.3 STREET ADDRESS	27975 Old U.S. 41 Road
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, LAUREN C	3.2 NAME	
STREET ADDRESS	811 ANCHOR RODE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, LINDA	4.2 NAME	
STREET ADDRESS	4099 TAMiami TRAIL NORTH STE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTENHALL, JOEL E	5.2 NAME	
STREET ADDRESS	27975 OLD 41 ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEROLLA, NANCY	6.2 NAME	
STREET ADDRESS	100 N.E. THIRD AVENUE STE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment to this report.

SIGNATURE:  **JOEL E WHITTENHALL** 4-2997 944992-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0060007

CR2E037 (9/96)