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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N33453 (4)

1. Corporation Name
COLLIER/NAPLESCAPE 90'S, INC.



Principal Place of Business Mailing Address
% JOHN H. KRUECKEBERG 4081 N. TAMiami TRAIL. #C-105 NAPLES FL 33940-3573
% JOHN H. KRUECKEBERG 4081 N. TAMiami TRAIL. #C-105 NAPLES FL 34103-3573

3. Date Incorporated or Qualified 07/26/1989 3a. Date of Last Report 02/02/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0131631		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip 34103		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRUECKEBERG, JOHN H. 4081 TAMiami TRAIL NORTH SUITE C-105 NAPLES FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code 34103			

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, JAMES L.			1.2 NAME	DICK BAKER		
STREET ADDRESS	975 5TH AVE., SOUTH			1.3 STREET ADDRESS	4200 GULF SHORE BLVD N.		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	NAPLES, FL 34103		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SUSAN WATTS DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPROUL, JUDY			2.2 NAME	24820 BURNT PINE DRIVE		
STREET ADDRESS	2000 GOLDEN GATE PKWY			2.3 STREET ADDRESS	BONITA SPRINGS FL 33423		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATES, EDWARD			3.2 NAME			
STREET ADDRESS	1327 BOLANA RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUECKEBERG, JOHN H			4.2 NAME			
STREET ADDRESS	4081 TAMiami TRAIL N C105			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIALA, DONNA			5.2 NAME			
STREET ADDRESS	851 5TH AVE N 301			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTNER, GEORGE			6.2 NAME			
STREET ADDRESS	8825 E TAMiami TRAIL			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES 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 on an attachment with an address.

SIGNATURE: _____ DIRECTOR 1/23/97 941-261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068795

CFR2E037 (9/96)