

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 13, 1998 8:00 am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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 34103  
 US

3. Date Incorporated or Qualified  
**07/26/1989**  
 4. FEI Number **65-0131631**  
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 **% GEORGE BOTNER** 26 **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **3050 N. HORSESHOE DR. SUITE 172** 27 **172**  
 City & State City & State  
 23 **NAPLES, FL** 28  
 Zip Country Zip Country  
 24 **34104** 25 **U.S.A.** 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 KRUECKEBERG, JOHN H.  
 4081 TAMiami TRAIL NORTH  
 SUITE C-105  
 NAPLES FL 34103

10. Name and Address of New Registered Agent  
 81 Name **BOTNER, GEORGE**  
 82 Street Address (P.O. Box Number is Not Acceptable) **3050 N. HORSESHOE DR. SUITE 172**  
 83  
 84 City **NAPLES** FL 85 Zip Code **34104**

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 **George Botner** DATE **7.23.98**  
 Signature, typed or printed name of registered agent and title if applicable. (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES L.	1.2 NAME	<b>PD BOTNER, GEORGE</b>
STREET ADDRESS	975 5TH AVE., SOUTH	1.3 STREET ADDRESS	<b>3050 N. HORSESHOE DR SUITE 172</b>
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	<b>NAPLES, FL 34104</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DICK	2.2 NAME	
STREET ADDRESS	4200 GULFSHORE BLVD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, SUSAN	3.2 NAME	
STREET ADDRESS	24820 BURNT PINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" 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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTNER, GEORGE	6.2 NAME	<b>800002615658</b>
STREET ADDRESS	8825 E TAMiami TRAIL	6.3 STREET ADDRESS	<b>-08/13/98--01103--024</b>
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	<b>***61.25</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **George Botner** DATE: **7.23.98** (941) 649-4476  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)