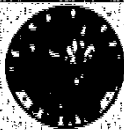


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000002170 (9)

1. Corporation Name

**COLLIER COUNTY ADVANCED LIFE SUPPORT COMPETITION
TEAM INC.**

Principal Place of Business

**4913 17TH PLACE S.W.
NAPLES FL 33999-5701**

Mailing Address

**4913 17TH PLACE S.W.
NAPLES FL 33999-5701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0413298

Applied For

☐ Not Applicable

2. Principal Place of Business

21 580 97th Ave. N.

2a. Mailing Address

26 580 97th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

24 33963

Country

Zip

29 33963

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WATSON, ERIC
4913 17TH PLACE S.W.
NAPLES FL 33999-5701**

10. Name and Address of New Registered Agent

81 Name

Watson, Eric

82 Street Address (P.O. Box Number is Not Acceptable)

83 580 97th Ave. North

84 City

NAPLES

FL

85 Zip Code

33963

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

Eric Watson, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUILERA, JORGE
STREET ADDRESS	3101 42ND ST SW
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	RENNE, SANDRA
STREET ADDRESS	580 97TH AVE N
CITY- ST- ZIP	NAPLES FL
TITLE	SD
NAME	WILSON-WATSON, CHERYL
STREET ADDRESS	4913 17TH PL SW
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	WATSON, ERIC
STREET ADDRESS	4913 17TH PL SW
CITY- ST- ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	MULLER, MARK	
1.3 STREET ADDRESS	653 ASTARIAS CIRCLE	
1.4 CITY- ST- ZIP	FL. WYERS, FL. 33919	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Williams, Tonya	
3.3 STREET ADDRESS	3595 Santiago Way	
3.4 CITY- ST- ZIP	NAPLES, FL. 33942	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eric Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/95

Daytime Phone #

813 566 3004