FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
4913 17TH PLACE S.W. NAPLES FL 33999-5701	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
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. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 580 97th Ave. N.	26 580 97th Ave. N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 NAPLES, FL.	28 NAPLES, FL.
24 Zip 33963 25 Country	29 Zip 33963 30 Country

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 — 4/12/95
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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	AGUILERA, JORGE	1.2 NAME	MULLER, MARK	
STREET ADDRESS	3101 42ND ST SW	1.3 STREET ADDRESS	653 Asparias Circle	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Ft. Myers, FL. 33919	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RENNE, SANDRA	2.2 NAME		
STREET ADDRESS	580 97TH AVE N	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	WILSON-WATSON, CHERYL	3.2 NAME	Williams, Tonya	
STREET ADDRESS	4913 17TH PL SW	3.3 STREET ADDRESS	3595 Santiago Way	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL. 33942	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, ERIC	4.2 NAME		
STREET ADDRESS	4913 17TH PL SW	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 617, 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 — 4/12/95 — 813 566 3004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #