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FILED
Mar 14 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 # **N93000002170 (9)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**580 97TH AVENUE N.
411
NAPLES FL 33942
US**

**2067 RIVER REACH DR.
411
NAPLES FL 34104-6973
US**



3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
04/26/1996

2. Principal Place of Business	2a. Mailing Address
21 5784 Deauville Circle	25 5784 Deauville Circle
22 Suite, Apt. #, etc. B-108	27 Suite, Apt. #, etc. B-108
23 City & State NAPLES, FLORIDA	28 City & State NAPLES, FLORIDA
24 Zip 34112	29 Zip 34112-7283
25 Country USA	30 Country USA

4. FEI Number 65-0413298	Applied For 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

10. Name and Address of New Registered Agent

**WATSON, ERIC
2067 RIVER REACH DR.
NAPLES FL 33942**

81 Name WATSON, ERIC
82 Street Address (P.O. Box Number is Not Acceptable) 5784 DEAUVILLE CIRCLE
83 B-108
84 City NAPLES
85 Zip Code FL 34112-7283

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

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
NAME	MULLER, MARK	
STREET ADDRESS	653 ASTARIAS CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENNE, SANDRA	
STREET ADDRESS	580 97TH AVE N	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORGE AGUILERA	
STREET ADDRESS	3101 42ND ST SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, ERIC	
STREET ADDRESS	4913 17TH PL SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOOD COULTER	
STREET ADDRESS	3310 TIMBERWOOD CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERIC WATSON	
STREET ADDRESS	2067 RIVER RENCH DR. 411	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

3 10 97 34112-7283

CR2E037 (9/96)