


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002334 (0)**

1. Corporation Name

**COLLINS CENTER FUND, INC.**



Principal Place of Business <b>CAWTHON HOUSE - 2</b> <b>FSU LAW SCHOOL CAMPUS</b> <b>TALLAHASSEE FL 32302</b> <b>US</b>	Mailing Address <b>PO BOX 1658</b> <b>TALLAHASSEE FL 32302-1658</b>
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2. Principal Place of Business <b>21 CAWTHON HOUSE</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>06/30/1993</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>65-0477373</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>PETREY, RODERICK N</b> <b>701 BRICKELL AVE</b> <b>SUITE 3000</b> <b>MIAMI FL 33131</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>APTHORP, JAMES W</b>	
STREET ADDRESS <b>15310 AMBERLY DR SUITE 220</b>	
CITY - ST - ZIP <b>TAMPA FL</b>	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE
NAME <b>ASKEW, REUBIN</b>	
STREET ADDRESS <b>255 S ORANGE AVE 10TH FLOOR</b>	
CITY - ST - ZIP <b>ORLANDO FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>PETREY, RODERICK N</b>	
STREET ADDRESS <b>701 BRICKELL AVENUE, SUITE 3000</b>	
CITY - ST - ZIP <b>MIAMI FL 33131</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>MARKS, JOHN R III</b>	
STREET ADDRESS <b>1085 E COLLEGE AVE</b>	
CITY - ST - ZIP <b>TALLAHASSEE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SMITH, JOHN E</b>	
STREET ADDRESS <b>4000 SE FIN'L CTR</b>	
CITY - ST - ZIP <b>MAIMI FL 33131</b>	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE
NAME <b>THAYER, STELLA</b>	
STREET ADDRESS <b>215 MADISON ST #2400 1ST FLOOR TOWER</b>	
CITY - ST - ZIP <b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>325 John Knox Road, Woodcrest Office Bldg.</b>
2.4 CITY - ST - ZIP	<b>Tallahassee, FL 32303</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DST</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>4000 First Union Financial Center</b>
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: **Collins Center Fund, Inc.** By **Stella Thayer** Registered Agent 4/28/97 305-789-7722

CR2E037 (9/96)