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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004530

1. Corporation Name

COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC

Principal Place of Business	Mailing Address
365 FIFTH AVE. SOUTH. STE. 202 NAPLES FL 34102	365 FIFTH AVE. SOUTH. STE. 202 NAPLES FL 34102

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0688292 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEMAN, J. MICHAEL 365 FIFTH AVE. SOUTH, STE. 202 NAPLES FL 34102	81 Name: Dawn D. Jantsch 82 Street Address (P.O. Box Number is Not Acceptable) 83 3620 N. Tamiami Trail 84 City: Naples, **FL** 85 Zip Code: 34103

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: Dawn D. Jantsch — Dawn D. Jantsch — 5-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Michael Coleman		1.2 NAME		
STREET ADDRESS	3620 N. Tamiami Trail		1.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34103		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Terri L. Douglas		2.2 NAME		
STREET ADDRESS	3620 N. Tamiami Trail		2.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL X 34103		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Ed Morton		3.2 NAME		
STREET ADDRESS	3620 N. Tamiami Trail		3.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34103		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Dave Weston		4.2 NAME		
STREET ADDRESS	3620 N. Tamiami Trail		4.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34103		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	V. Carleton Case, Jr.		5.2 NAME		
STREET ADDRESS	3620 N. Tamiami Trail		5.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34103		5.4 CITY-ST-ZIP		
TITLE	PDawn D. K Jantsch	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	3620 N. Tamiami Trail		6.2 NAME		
STREET ADDRESS	Naples, FL 34103		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Dawn D. Jantsch — Dawn D. Jantsch — 15 Apr 99 — (941)262-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #