

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000081639 (5)**  
1. Corporation Name  
**COLLIER REAL ESTATE GUIDE, INC.**



Principal Place of Business: **547 EASTWOOD DR NAPLES FL 33942 US**  
Mailing Address: **PO BOX 9848 NAPLES FL 34101-9848 US**

3. Date Incorporated or Qualified: **11/22/1993**  
3a. Date of Last Report: **04/29/1996**  
4. FEI Number: **65-0451456**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **2590 GOLDEN GATE PARKWAY SUITE 106 NAPLES FL 34105 USA**  
2a. Mailing Address: **2590 Golden Gate Parkway Suite 106 NAPLES FL 34105 USA**

9. Name and Address of Current Registered Agent: **ZYSKO, EDWARD A JR 547 EASTWOOD DR NAPLES FL 33942**  
10. Name and Address of New Registered Agent: **FL 34110**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZYSKO, EDWARD A JR</b>	1.2 NAME	
STREET ADDRESS	<b>547 EASTWOOD DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	1.4 CITY-ST-ZIP	<b>34110</b>
TITLE	<b>VST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZYSKO, DOROTHEA P</b>	2.2 NAME	
STREET ADDRESS	<b>547 EASTWOOD DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	2.4 CITY-ST-ZIP	<b>34110</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward A Zysko* DATE: *May 15 1997*

CR2E034 (9/96)