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FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000084872 (9)

1. Corporation Name

COLLIER TRUST CORPORATION

Principal Place of Business

Mailing Address

1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

1104 N. COLLIER BLVD.
MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

4. FEI Number

65-0484068

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 181 Majorca Circle

26 175 Society Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Marco Island, FL 34145

27 Marco Island, FL 34145

City & State

City & State

23 Zip

Country

24 34145

25 Collier

28 Zip

Country

29 34145

30 Collier

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREUSEL, JAMIE B
C/O BERRY & GREUSEL
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

81 Name

Gerold Knauerhase

82 Street Address (P.O. Box Number is Not Acceptable)

175 Society Court

83

Marco Island, FL 34145

84 City

FL

85 Zip Code

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

[Signature]
Signature typed or printed name of registered agent and title if applicable

GEROLD KNAUERHASE

2/21/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS BRAUNSCHWEIG, L.M.
CITY-ST-ZIP DIGGELMANNSTR 29
CH-8047 ZURICH

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS BRAUNSCHWEIG, J
CITY-ST-ZIP DIGGELMANNSTR 29
CH-8047 ZURICH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 supplementary 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0442881

CR2E034 (10/97)