

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:26

DOCUMENT # P94000013379 (0)

1. Corporation Name

COLLIER-FIELD ENTERPRISES, INC.

Principal Place of Business

2540 CANTERBURY S
WEST PALM BEACH FL 33407

Mailing Address

2540 CANTERBURY S
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

4. FEI Number

65-0490455

Applied For

Not Applicable

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

21 Suite, Apt. #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PRATT, NELIA R
2540 CANTERBURY S
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name

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

83

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, 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
NAME: PRATT, NELIA R
STREET ADDRESS: 2540 CANTERBURY S
CITY ST ZIP: WEST PALM BEACH FL 33419

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY ST ZIP:

TITLE: D
NAME: INGATE, BONNIE L
STREET ADDRESS: 60 RIDGE DR
CITY ST ZIP: LIVINGTON NJ 07039

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY ST ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY ST ZIP:

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nelia R. Pratt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 407-881-0055
Date Signature (Typed Name)