

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 16 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 # P94000017178 (2)

1. Corporation Name

THE COLLINS CORPORATION OF PASCO COUNTY



Principal Place of Business

~~13102 20TH ST N
APT 21
TAMPA FL 33612~~

Mailing Address

~~13102 20TH ST N
APT 21
TAMPA FL 33612~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 PR 15420 Livingston Ave		21 15420 Livingston Ave		03/04/1994		04/18/1996	
22 Apt. 1410		22 Apt. 1410		4. FEI Number		Applied For	
23 Lutz, FL		23 Lutz, FL		59-3231115		Not Applicable	
24 33549		24 33549		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Hillsborough		25 Hillsborough		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26 33549		26 33549		7. This corporation owes or has paid the current year Intangible		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 33549		27 33549		8. Personal Property Tax due June 30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28 33549		28 33549		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29 33549		29 33549		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
30 33549		30 33549		83		84 City	
31 33549		31 33549		85 FL		86 Zip Code	

REDER, RANDALL O
1060 W BUSCH BLVD
SUITE 103
TAMPA FL 33612

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	COLLINS, DELORES	1.2 NAME	
STREET ADDRESS	7 RIVERWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC 29651	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	COLLINS, PATRICIA	2.2 NAME	
STREET ADDRESS	13102 20TH ST N APT 21	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Delores Collins, President* 9/11/97 864-381-0764

CR2E034 (4/97)