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

APPROVED AND FILED
95 MAY -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046518 (4)**

1. Corporate Name
LEE/COLLIER LAND COMPANY, INC.

Principal Place of Business	Mailing Address
4099 TAMIAMI TRAIL NORTH XXXXXXXXX NAPLES FL 33963	4099 TAMIAMI TRAIL NORTH XXXXXXXXX NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report:

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22) Suite #305	Suite, Apt. #, etc. (27) Suite #305
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number — [X] 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 [X] No

9. Name and Address of Current Registered Agent

~~CORPORATION INFORMATION SERVICES INC~~
~~XXXX HAYS ST~~
~~TALLAHASSEE FL XXXXX~~

10. Name and Address of New Registered Agent

81 Name: THOMAS G. ECKERTY, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Lane
83 Suite 89
84 City: Fort Myers FL 85 Zip Code: 33907

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] Thomas G Eckerty 4/13/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 TITLE: P/S/T/D [ ] Change [X] Addition 1 NAME: JAMES R. COLOSIMO 1 STREET ADDRESS: 4099 Tamiami Trail North, #305 1 CITY-ST-ZIP: Naples, FL 33963
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

14. I the undersigned, certify that the information supplied with this filing 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: [signature] James R Colosimo 4-17-95 813-262-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0320047 CP