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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000022332 (7) DOCUMENT #

COLL-SEIN DRODERTIES INC

## **FILED** Feb 18 1998 8:00am Secretary of State

COLL	PLIN FROFERIES, INC.				
Principal Plac	ce of Business	Mailing Address			T IMMINDAL HIM SOLDS BLINS BRINS BRINS BRINS BRISS BRINS 15800 1588 FISH 1981
1473 RIVERDA	ALE DR.	PO BOX 270			
OLDSMAR FL		OLDSMAR FL 34677-0005			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/17/1995
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 5042	Cross Pointe Dr.	26			<b>59-3375968</b> Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & Stat	е	City & State		e.	Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	<b>Z</b> ip	Cour	shru	Trust Fund Contribution Added to Fees
24	25	29	30	iti y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No
24	9. Name and Address of Curr		[30]		10. Name and Address of New Registered Agent
CO	LL, MARTA SEIN		1	81 Name	
	12 CROSS POINTE DR.				
OLDSMAR FL 34677				B2 Street	t Address (P.O. Box Number is Not Acceptable)
	DOINGT I E OTO/ ?		ļ.	83	
	·			B4 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 a	agent and little if applicable (NC	TE: Registered	Agent signatur	re required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	DELETE	1.1 TITL	Æ	☐ Change ☐ Addition
NAME	SEIN, FRANCISCO R.		1.2 NA	Æ	
STREET ADDRESS	101 GARLAND CIR.		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1,4 CIT	/-ST-ZIP	
TITLE	P DANIEL IS	☐ DELETE	2.1 TITE	E	Marge ☐ Addition
NAME	COLL, DANIEL JR.		2.2 NAM	1E	5042 Cross Pointe Dr.
STREET ADDRESS	1473 RIVERDALE DR.		2.3 STA	EET ADDRESS	3072 01093 1011112
CITY-ST-ZIP	OLDSMAR FL 34677			Y-ST-ZIP	
TITLE	S/T	☐ DELETE	3.1 TITL		Change Addition
NAME	COLL, MARTAL S		3.2 NAA	-	50\$2 Cross Pointe Dr.
STREET ADDRESS	1473 RIVERDALE DR. OLDSMAR FL 34677			EET ADDRESS	
CITY-ST-ZIP TITLE	OLDSMAN FL 34077	DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP	I Ohanna Wanning
		C vecelt	,	•	COLL, MARTA I. 1565 Hiami Lakeway North, # 207-A Hiami Lakes, FL 330/4
NAME CTOSET ADDRESS			4. 2 NAI		15465 Miami Lakeway North, # 207-A
STREET ADORESS				EET ADDRESS	Miami lakes FL 33014
CITY-ST-ZIP TITLE		DELET <b>E</b>	5.1 TITL	-ST-ZIP	Change Addition
NAME		- Detrif	5.1 IIIL		Change Apprilia
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE		DELETÉ	6.1 TITU		☐ Change ☐ Addition
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	:
			V-1 OIL1	J1 101	

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 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.