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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000028870

## **FILED** Jan 30, 1999 8:00am **Secretary of State**

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COLINA	RY CONCEPTS, INC.		• • • •	, e te			
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				.,			
•	ce of Business	Mailing Address					
853 FIFTH AVI		853 FIFTH AVE SOUTH	t		-		
NAPLES FL 33	1940	NAPLES FL 33940			DO NOT WRITE IN	THIS SPACE	
					3. Date incorporated or Qualifed		
	•				04/12/1995		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0575339		t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A	<b>I</b>
22 City & Sta	oto :	City & State			O Florible Commission Financia		<u> </u>
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip .	Country	Zip	Cou	ntry	8. This corporation owes the current ye	<del></del>	4 , 12 ,
24	25	29	30	•	Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Currer			· · ·	10. Name and Address of New Regist	tered Agent	
0.75	TAIDDIOLE DAME	Total Control of the control		81 Name			
5/E	MPRUCH, DAVID J. O NORTH TAMIAMI TRAIL			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
- · · · · J 10	TE 201	·			- 18 T. A. S.	A TALL AND THE ARCHES	344 (* 183 (* ) ·
	PLES FL 34103	•		83 .			
	12012 34100			84 City	· 사용하게 이 사용을 구하는 것이 말을 수 있다.	FL 85 Zip (	Códe Códe
Age Consumate	t to the servicions of Sections 607 050	12 and 607 1509 Florida St	atutas the a	nove named cor	poration submits this statement for the purpo		registered
office or	registered agent or both in the State	of Florida, Such change wa	as authorized	by the corporati	on's board of directors. I hereby accept the	appointment as re	gistered
	am familiar with, and accept the obliga	itions of, Section 607.0305,	Fiorida Stati	ites.	•		,
SIGNATURE	Signature, typed or printed name of registered age						
	digitaldia, types or printed ratine or registered age.	nt and title if applicable. (N	IOTE: Registered	Agent signature require	ed when reinstating) DA	ATE	· ·
12.	OFFICERS AN	ID DIRECTORS	13.	Agent signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	
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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, with all the rinks empowered.