

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000067878**

Corporation Name

COLGER TECHNOLOGIES, CORP.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90001 036 ***550.00



Principal Place of Business Mailing Address
RED BUG LAKE ROAD #330 5840 RED BUG LAKE ROAD #330
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

Principal Place of Business SCB 1101 Northern Way		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3334772	
City & State Winter Springs		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 25	Country	Zip 29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGET, SUSAN
1107 NORTHERN WAY
WINTER SPRINGS FL 32708

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D BURGET, SUSAN	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS 1107 NORTHERN WAY		1.2 NAME	
3. CITY-STATE-ZIP WINTER SPRINGS FL 32708		1.3 STREET ADDRESS	
4. NAME S KREMER, JUDITH	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS 1107 NORTHERN WAY		2.1 TITLE	S Kremer Judith
6. CITY-STATE-ZIP CRYSTAL RIVER FL 32708		2.2 NAME	231 N. ENTRY OAKS PT.
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	CRYSTAL RIVER FL 34461
8. ADDRESS		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE: **Susan S. Kremer** REQUIRED

8/30/99

407-977-9970

CR2E034 (5/99)