

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

Wrong address.

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Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078070 (6)

1. Corporation Name
COLLIER PRIVATE INVESTMENTS, INC.



Principal Place of Business 52 SHORES AVE. NAPLES FL 33963	Mailing Address 52 SHORES AVE. NAPLES FL 34110-1604
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3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 08/14/1996
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2. Principal Place of Business 21 400 Fifth Ave S. Suite, Apt. #, etc.	2a. Mailing Address 26 400 Fifth Ave. S. Suite, Apt. #, etc.
22 City & State 23 Naples FL Zip 34102	27 City & State 28 Naples, FL Zip 34102
24 Country 25 Collier	29 Country 30 Collier

4. FEI Number APPLIED FOR 65-0618983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WRIDE, WILLIAM J 52 SHORES AVE NAPLES FL 33963 400 Fifth Ave. S. Naples FL 34102	
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10. Name and Address of New Registered Agent	
81 Name Wride William J.	
82 Street Address (P.O. Box Number is Not Acceptable) 400 Fifth Ave. S.	
83	
84 City Naples	85 Zip Code 34102

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 William J. Wride DATE 4/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	WRIDE, WILLIAM J
STREET ADDRESS	52 SHORES AVE.
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	400 Fifth Ave. S.
1.4 CITY-ST-ZIP	34102 Naples, FL 34102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

CMAA CBA WCMA RCMA
WAS MAILED TO
INCONTACT ADDRESS

14. I do hereby certify information indicated on this document is true and accurate and that my signature shall have the same legal effect as if made under oath, 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 William J. Wride DATE 4-5-97 m2708280

CR2E034 (9/96)