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**PROFIT** CORPORATION ANNUAL REPORT 1999

COLINI ENTERPRISES, INC.



DOCUMENT # P96000079692

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address						
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NAPLES FL 341	02	NAPLES FL 34102 US		DO NOT WRIT	TE IN THIS S	SPACE	ng 7% i	
US		00			3. Date Incorporated or Qualifed			- E.
					09/25/1996			i
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	•	Ap	plied For
a. Filliopai F	indication of published	26			65-0697822		No	t Applicable:
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Suite, Apt.	π, σω.	27			5. Certifcate of Status Desired	.Ш <sub>98</sub> ,	Fee Re	equired
City & State	e .	City & State		•	6. Election Campaign Financing		\$5.00	Mav Be
23	<del>-</del>	28			Trust Fund Contribution	· 년	Added t	
Zip	Country	Zip	Countr	y	8. This corporation owes the curre	ent year Inta	ngible	
24	25	29 30	0		Personal Property Tax.		Yes	DM6.
	9. Name and Address of Current	<u> </u>			10. Name and Address of New R	Registered A	gent	
			81	Name				
: SMIT	rh, William R			Stroot Add	iress (P.O. Box Number is Not Accepta	hle)		
	COLLEGE PARKWAY #300		82	Street Add	uress (F.O. DOX Number is Not Accepts	iniel		
FOR	T MYERS FL 33919		83	3	<b>建筑设置 医眼样的经验</b>	a thijletii i	·	· 1第1類於
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144 Durancan	to the provisions of Sections 607 0503	2 and 607 1508. Florida Statutes	, the abov	ve-named con	poration submits this statement for the	purpose of c	hanging its	registered
office or r	registered agent, or both, in the State o	of Florida. Such change was autt	norized by	v tne corporat	tion's board of directors. I hereby accept	t the appoin	tment as re	gistered
agent. I a	im familiar with, and accept the obligati	ions of, section buridge, mond	a statute					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	ent signature requir	red when reinstating) 🦏	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12
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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 other like empowered.