## 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).

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P96000090980

COLLIER REPORTING SERVICE, INC.

Principal Place	e of Busines	М	Mailing Address												
2335 TAMIAMI TRAIL NORTH, SUITE 405					2335 TAMIAMI TRAIL NORTH, SUITE 405										
NAPLES FL 34103					NAPLES FL 34103						DO NOT WRITE IN THIS SPACE				
											3. Date Incorporated or Qualified	IC IIV TEIIO	SFACE		$\neg$
											01/01/1997				
2. Principal P	lace of Busir	2a.	2a. Mailing Address						4. FEI Number		—	Applied For	_		
21	•					26					65-0713697			Vot Applica	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additi				
City & State					City & State						6. Election Campaign Financing			🕽 Мау Ве	
23					28						Trust Fund Contribution		Added	d to Fees	_
Zip	Country				-, ·			Country			8. This corporation owes the current year				Ì
24	25 9. Name and Address of Current F				30						Intangible Personal Property.	openy.			
	9. Name	and Ac	Regis	egistered Agent			81 Name			10. Name and Address of New Registered Agent					
AME	ERILAWYER				Name										
343 ALMERIA AVENUE									82 Street Address (P.O. Box Number is Not Acceptable				e)		
CORAL GABLES FL 33134									+			_			$\dashv$
								83	1						
	,							84		City		FL		Code	
11. Pursuant	to the provis	sions of	segtions 607.0502	and 6	07.1508,	Florida Statute	s, the	above	-nai	med corpora	tion submits this statement for the problement of dispersion because of dispersions.	rpose of ch	anging its	registered	
office of agent.	registered at	gent, or Ath, and	both/in the State of accept the obligat	ions o	ida. Sucr f, section	n change was a n 607.0505, Flo	nutnor orida S	izeu by Statute:	y une IS.	e corporation	's board of directors. I hereby accep		1 /1/	7	i
SIGNATURE	1 Ve	<u>&gt;</u>	1 herr			JOSE	PH	F.	S		/OWNER/President	0/0	177		ì
7	Signature, yped	or printed	name of registered agent				TE: Re	gistered /	Agent	t signature require	ed when reinstating)	/DATE			;
12.	2000		OFFICERS AND	DIRE	CTORS	$\overline{}$	-	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
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6.3 STREET ADDRESS

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

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90004 034 \*\*\*550.00

**SIGNATURE** 

NAME

STREET ADDRESS