


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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90119 013 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000099939 <i>OK</i>					
1. Corporation Name Coltman Inc.					
Principal Place of Business 4255 Tamiami Trail N. Naples, FL. 34102			Mailing Address 3100 Regatta Rd. Naples, FL. 34103		
2. Principal Place of Business 21 4255 Tamiami Trail N.		2a. Mailing Address 26		4. FEI Number 59-3434853	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Naples, FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34102		Country 25		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent D'Agostino, Louis D 821 Fifth Avenue, South Suite 201 Naples, FL 34102			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip/Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			1.2 NAME C Frank D'Agostino		
STREET ADDRESS			1.3 STREET ADDRESS 3100 Regatta Rd.		
CITY-ST-ZIP			1.4 CITY-ST-ZIP Naples, FL. 34103		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME P Domenic D'Agostino		
STREET ADDRESS			2.3 STREET ADDRESS 3100 Regatta Rd.		
CITY-ST-ZIP			2.4 CITY-ST-ZIP Naples, FL. 34103		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME V John D'Agostino		
STREET ADDRESS			3.3 STREET ADDRESS 3100 Regatta Rd.		
CITY-ST-ZIP			3.4 CITY-ST-ZIP Naples FL. 34103		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME S Anne D'Agostino		
STREET ADDRESS			4.3 STREET ADDRESS 3100 Regatta Rd.		
CITY-ST-ZIP			4.4 CITY-ST-ZIP Naples, FL. 34103		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME T Mario D'Agostino		
STREET ADDRESS			5.3 STREET ADDRESS 750 Mooringline Dr. Apt. 206		
CITY-ST-ZIP			5.4 CITY-ST-ZIP Naples, FL. 34102		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Anne D'Agostino* **Anne D'AGOSTINO** **02-22-99** **9414034070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)