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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100755 (3)

THE COLTER GROUP, INC.

Principal Place of Business Mailing Address

1971 SE PORT ST LUCIE BLVD 1971 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952

FILED May 09 1997 8:00am Secretary of State



PORT ST LUCIE FL 94952		10111 01 20	PORT ST LUCIE FL 34952					
						3. Date Incorporated or Qualified 12/12/1996	3a, Date of Last	Report
Principal Place of Business 21		2a. Mailing 26	2a. Mailing Address 26			4. FEI Number Applied For 65-0713278 Applied For Not Applied		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, /	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Required
City & Sta	ate	City & 28	State			B. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip		Count	ry	8. This corporation has liability for in	ntangible tax under	s. 199.032,
24	25	29		30			Yes No	
 -	g, Name and Address of Cu	urrent Registered A	gent			10. Name and Address of New Reg	gistered Agent	
	el, robert l			18	1 Name			
	I SE PORT ST LUCIE BLVD IT ST LUCIE FL 34952				2 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
, FUR	(1 51 LUCIE FL 34932			8	3			
•				8	4 City		FL 85 Zi	Code
11. Pursuani	I to the provisions of Sections 607	7.0502 and 607.1508	, Florida Statu	iles, the abo	ove-named cor	poration submits this statement for the palion's board of directors. I hereby accep		its registered
agent. I	registered agent, or both, in the sam familiar with, and accept the c	State of Florida, Sucr obligations of, Sectio	n 607.0505, F	lorida Statul	by the corpora es.	ation's board of directors, I hereby accep	t ine appointment a	is registered
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicab	olo (NO	D11 - Registered A	tgorit signature requ	ired when rainstating)	DATE	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD		DELETE	1.1 11111	E.		Change	Addition
NAME	I ADDEL DADCOT L				,			
MAME	APPEL, ROBERT L			1.2 NAM	t			
STREET ADDRESS	1971 SE PORT ST LUCIE B	LVD		1	ET ADDRESS			
	1971 SE PORT ST LUCIE B PORT ST LUCIE FL 34952	OLVD		1.3 STRE				
STREET ADDRESS	1971 SE PORT ST LUCIE B	OLVD	DECETE	1.3 STRE	FI ADDRESS -SI-7IP		Changi	Addition
STREET ADDRESS CITY-ST-ZIP	1971 SE PORT ST LUCIE B	DLVD	DECETE	1.3 STRE 1.4 City	ET ADDRESS -ST-7IP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	1971 SE PORT ST LUCIE B PORT ST LUCIE FL 34952	OLVD	DELETE	1.3 STRE 1.4 CHY 2.1 THE 2.2 NAM	ET ADDRESS -ST-7IP		Change	Addition
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4. To nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Forda Statutes. 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 eath; 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:

West State and

Robert L. A

4/17/47 (561)3

(561) 335-9111