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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100948 (4)

FILED Apr 15 1997 8:00am Secretary of State

Principal Place	TZ COLLABORATIVE, INCC	Mailing Address							
2186 EAST CRO NAPLES FL 341		2186 EAST CROWN POIN NAPLES FL 34112-3676	T						
1811 BBQ 78 BTC						Date Incorporated or Qualified 10/12/1906		te of Last R	
2. Principal Pl	ace of Business	2a. Mailing Address				12/13/1996 4. FEI Number	<u> </u>		plied For
21		26						No	t Applicable
Suite, Apt i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State)	City & State	TT-121,			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	
Ζφ	Country	Z(p	30 Cou	intry		This corporation has liability for Florida Statutes	intangible Yes		199.032,
24	g. Name and Address of Currer		30]			10. Name and Address of New Re			
PFEL	IFFER, WILLIAM A			81 1	vame		···		,,,,
1124	GOODLETTE POINT			82 5	Street Addre	ess (P.O. Box Number is Not Acceptat	ble)		. · ,,, <u>,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAPL	.ES FL 33940			63			· · · · · · · · · · · · · · · · · · ·		
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					City		FL		Code
11. Pursuant to office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida, Such change was	utes, the ab authorized	bove-n d by th	amed corporation	oration submits this statement for the poor to board of directors. I hereby accept	purpose of pt the app	changing it ointment as	s registered registered
agent. La	m tamiliar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	lutes					
SIGNATURE						ed when reinstating)	DATE	····	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC ID DIRECTORS					DATE) DIRECTOF	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or probabilization of registered age OFFICERS AN	ent and title if applicable. (NC	13.	d Agent e		ed when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or probabilizative of registered age OFFICERS AN D SLIMAK, HELEN V	ent and title if applicable. (NC ID DIRECTORS	13. 1.1 Ti	d Agent e TLE AME	ignature require	ed when reinstating)	DATE) DIRECTOF	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND SLIMAK, HELEN V 2186 EAST CROWN POINT	ent and title if applicable. (NC ID DIRECTORS	13. 1.1 17 1.2 N/ 1.3 51	d Agent e	DRESS	ed when reinstating)	DATE) DIRECTOF	RS IN 12
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