SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

. PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1
DIVISION OF CORPORATIONS

DOCUMENT # P96000103404 (5)

COLLOCATION, INC.

Principal Place of Business

931 VILLAGE BLVD SUITE 905-388 WEST PALM BEACH FL 33409 Mailing Address

931 VILLAGE BLVD SUITE 905-388 APPROVED AND FILED

97 OCT 13 PM 12: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEGENS, JEFFREY 81 EGENS 4901 N.W. 55TH COURT 82 COCONUT CREEK FL 33073-3707 83 84 PLANTATION 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. PLAN (agent and tille it appricable S SIGNATURE Signature, t (NOTE: Registered Agent signature required when reinstating) DATE ICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition **GELLER, STEPHANIE** NAME 1.2 NAME 400002320584-CR2E034 4901 N.W. 55TH COURT STREET ADDRESS 1.3 STREET ADDRESS -10/15/97--01039--012 COCONUT CREEK FL 33073-3707 CITY-ST-ZIP 1.4 CITY - ST - 7IP ***550 00 Change Addition ****550_00 TITLE DELETE 2.1 1ITLE NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 HILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELFTE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 43 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - S1 - Z(P DELETE TITLE ☐ Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Lob 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 logal 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 12 it changed or on an attachment with an address.