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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103404

COLLOCATION, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90026 011 ***158.75



. '								
Principal Place of Business Mailing Address								
931 VILLAGE BLVD 931 VILLAGE BLVD SUITE 905-388 SUITE 905-388 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409				DO NOT WRITE IN THIS SPACE				
,					3. Date Incorporated or Qualifed 12/26/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	10
21		26			65-0717458	1	Not Applicable	_
	Suite, Apt. #, etc.				5. Certificate of Status Desired	¥	Additional Required	6
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	4
Zip	Country	. Zip	_ Cour	ntry .	8. This corporation owes the current year	_	√	
24	25	29 3	30		Personal Property Tax.	∐Yes	XNo	4
	9. Name and Address of Current				10. Name and Address of New Register	ed Agent		\dashv
	1 2 3 3 3 3 3 3 7			81 Name	•			
BEGENS, JEFFREY			ŀ	82 Street Adds	Address (P.O. Box Number is Not Acceptable)			7
	WEATHERVANE MANOR				 क्षण प्रकार हा अने का अने विकास देवाली है लोगा में के के लिए हैं। 	4935 2 HSZ # 1 4-1	>	4
PLAI	NTATION FL 33324			83		斯斯巴		
		•	}	84 City	, \$47,141, \$13,10,000, \$200,000, \$200,000	85 Zir	Code	┪
es intere	radio de la companya	65 July 6 July 6 W.			<u> </u>	• L	• •	4
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the at	ove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing i	ts registered registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Floric	da Statu	ites.	on's board of directors. Thereby accept the ap	70.77	,ugiululuu ja	
SIGNATURE	Odlow Bosso	C agr Marker	E is .		1/3/	79	*, *	
SIGNATURE	Signature, typed of printed name of redistered agent of		11 - 1 - A -1		ed when reinstating) \ DATE		-	
				Agent signature require	7 11			⊣ ĝ
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		9
12. TITLE	D D D D D D		13. 1.1 TIT	LE .	7 11			(11/08)
	D GELLER, STEPHANIE	DIRECTORS DELETE	13. 1.1 TIT 1.2 NA	LE ME	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		034 (11/08)
TITLE	D GELLER, STEPHANIE 931 VILLAGE BLVD, STE. 905-38	DIRECTORS DELETE	13. 1.1 TIT 1.2 NA	LE .	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		25034 (11/98)
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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.