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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000024441 Corporation Name

COLONIA TWO, INC.

## FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90023 021 \*\*\*150.00



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Principal Place	of Business	Mailing Address			1 18011801 (10 18111 18811 88111 88111 88111 88111	t Blålt åfbit alsat tiet sam
2220 SNOOK DR 2220 SNO		2220 SNOOK DR				
		NAPLES FL 34102	NAPLES FL 34102		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	702
					03/13/1997	
2 Bringinal DI	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
<del></del> 1	lace of business	26			59-3441936	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Intang	
24	25	29	30		1 Steether 1 topolity Turk	]Yes □No
	9. Name and Address of Curre	ent Registered Agent		241 41	10. Name and Address of New Registered Ag	ent
	TEDIOLI AVEL			81 Name		
i	HTERICH, AXEL			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	SNOOK DR					
NAPI	LES FL 34102			83		
	·			84 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	tes, the a	bove-named corp	oration submits this statement for the purpose of ch	anging its registered
office or r	egistered egent or both in the Stat	e of Florida. Such change was a	authorized	d by the corporation	on's board of directors. I hereby accept the appointm	nent as registered
	m familiar with, and accept the oblig	jations of, Section 607.0505, Fig			3/24/9	79
SIGNATURE	Signature, typed or printed name of registered as	C WICHTERICH ent and title if applicable. (NOTE		CEPPES Agent signature required	d when reinstating) DATE	<del></del> [
12.	***************************************	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DPST	☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	MICHERONOLL TONIL		12 N	AME		? _
STREET ADDRESS	WICH LERICH, TONI		1210			1 6
	WICHTERICH, TONI 2220 SNOOK DR			TREET ADORESS		
CITY-ST-ZIP			1.3 \$1	TREET ADDRESS		
CITY-ST-ZIP	2220 SNOOK DR	DELETE	1.3 \$1	ITY-ST-ZIP		☐ Change ☐ Addition
	2220 SNOOK DR NAPLES FL 34102 D	☐ DELETE	1.3 ST 1.4 CI	TLE		☐ Change ☐ Addition
TITLE .	2220 SNOOK DR NAPLES FL 34102	☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N	TLE		☐ Change ☐ Addition
TITLE .	2220 SNOOK DR NAPLES FL 34102 D WICHTERICH, NELLY	☐ DELETE	1.3 S1 1.4 Cl 2.1 Tl 2.2 Nu 2.3 S1	TTY-ST-ZIP TLE AME		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP — TITLE NAME	2220 SNOOK DR NAPLES FL 34102  D WICHTERICH, NELLY 2220 SNOOK DR NAPLES FL 34102  V WICHTERICH, AXEL	☐ DELETE	1.3 ST 1.4 Cl 2.1 Tl 2.2 Ni 2.3 ST 2.4 Cl 3.1 Tl 3.2 Ni 3.3 ST	ITY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE AME		☐ Change ☐ Addition
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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.

SIGNATURE: