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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039673 (3)

COLL-SEIN ENTERPRISES, INC.

FILED Feb 18 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | ENTIR HANNE MINU AMA | DU AHA HUUT |
|---|--|---|--|---|--|----------------------|-------------------|
|) | | Mailing Address | | | | | |
| 1473 RIVERDALE DR OLDSMAR FL 34677 | | P.O. BOX 270 OLDSMAR FL 34677 -000 5 | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | 0 07 1102 | |
| | | | | | 05/01/1997 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Ar | plied For |
| 21 5042 | Cross Pointe Dr. | 26 | | | 59-3447473 | No. | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 / Fee Re | |
| City & Stat | 9 | City & State | | | e Floring Committee Floring | | |
| 23 | 28 | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added (| |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the o | | |
| 24 | 25 | _ | 30 | | Personal Property Tax due June 30. | | No |
| 24] | 9. Name and Address of Current | | 30] | | 10. Name and Address of New Registers | | 3 140 |
| | | Trogistored Agent | 81 | Name | IV. Hallito Ella reactor of the realisation | a rigerii | |
| COLL, MARTA SEIN | | | | Trans | | | |
| 5042 CROSS POINTE DR. | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| OLDSMAR FL 34677 | | | | 63 | | | |
| | | | | | | | |
| | | | 84 | City | F | 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | , the above | -named co | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a | of changing it | s registered |
| office or r agent. I a | re <mark>gister</mark> ed agent, or b oth, in the State of Im fam iliar with, an <mark>d a</mark> ccept the obligat | of Florida. Such change was au tions of, Section 607.0505, Flori | ithorized by ida Statutes | the corpor | ration's board of directors. I hereby accept the a | ppointment as | registered |
| SIGNATURE | Signature, typed or printed name of registered agon | t and title if applicable. (NOTE: | Registered Age | nt signature rec | guired when reinstating) DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | S IN 12 |
| TITLE | 0 | DELETE | 1.1 TITLE | | S/T | Change | ☐ Addition |
| NAME | COLL, DANIEL JR. | | 1.2 NAME | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ••• | | \ \frac{1}{3} |
| STREET ADDRESS | 1473 RIVERDALE DR | | 1.3 STREET | ADDRESS - | 5042 Cross Pointe Dr. | | 13 |
| | OLDSMAR FL 34677 | | | 1 | * • | | |
| CITY-ST-ZIP TITLE | | | 1.4 CITY - ST | 1-ZIP | P | Change | Addition |
| | COLL, MARTA S | | 2.2 NAME | | P | CH orango | |
| NAME | 1 . 5 | | | | 5042 Cross Pointe Dr. | | |
| STREET ADDRESS | 1473 RIVERDALE DR | | 2.3 STREET | 1 | 3012 0,003 10,0,0 | | 1 |
| CITY-ST-ZIP | OLDSMAR FL 34677 | Decem | 2. 4 CiTY-S | T-ZIP | | 120 | 4.4495 |
| TITLE | 0 | ☐ DELETE | 3.1 TITLE | | VF | Change Change | ☐ Addition |
| NAME | COLL-SEIN, MARTA I | | 3.2 NAME | I | a | | |
| STREET ADDRESS | 101 Jazmin urb san Franc | | O.L WHILE | Ι. | TOUR CORE PRINTO DE | | |
| CITY-ST-ZIP | | ISCO | 3.3 STREET | address - | 5049 Cross Pointe Dr. | | |
| TITLE | SAN JUAN PR 00927 | | | ADDRESS | 5042 Cross Pointe Dr. | | |
| NAME | SAN JUAN PR 00927 | ISCO | 3.3 STREET | ADDRESS | 5042 Cross Pointe Dr. | Change | ☐ Addition |
| | SAN JUAN PR 00927 | | 3.3 STREET 3.4. CITY-S | ADDRESS | 5042 Cross Pointe Dr. | Change | Addition |
| STREET ADDRESS | SAN JUAN PR 00927 | | 3.3 STREET 3.4. CITY-S 4.1 TITLE | T-ZIP | 5042 Cross Pointe Dr. | Change | Addition |
| STREET ADDRESS | SAN JUAN PR 00927 | | 3.3 STREET 3.4. CITY - S 4.1 TITLE 4.2 NAME 4.3 STREET | T-ZIP ADDRESS | 5042 Cross Pointe Dr. | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | SAN JUAN PR 00927 | | 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME | T-ZIP ADDRESS | 5042 Cross Pointe Dr. | Change | Addition Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4. CITY-S 4.1 YITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE | T-ZIP ADDRESS | 5042 Cross Pointe Dr. | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME | T-ZIP ADDRESS -ZIP | 5042 Cross Pointe Dr. | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 6.3 STREET | ADDRESS (- ZIP | 5042 Cross Pointe Dr. | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI | ADDRESS (- ZIP | 5049 Cross Pointe Dr. | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI 6.1 TITLE | ADDRESS (- ZIP | 5049 Cross Pointe Dr. | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME | T-ZIP ADDRESS (-ZIP ADDRESS (-ZIP | 5049 Cross Pointe Dr. | Change | Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | SAN JUAN PR 00927 | ☐ DELETE | 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI 6.1 TITLE | T-ZIP ADDRESS (-ZIP ADDRESS (-ZIP | 5042 Cross Pointe Dr. | Change | Addition |

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.

Marta Soin Isla Manager

(813) 771-9268 (813) 786-8450