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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000041451 (0)

COLLIER COPIER, INC.

MARCO ISLAND FL 34145

2. Principal Place of Business

1070

Sulte, Apt. #, etc.

NAPle

City & State

23

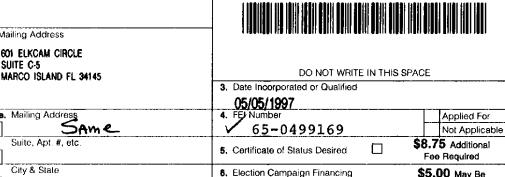
Zip

Principal Place of Business Mailing Address **601 ELKCAM CIRCLE** 601 ELKCAM CIRCLE **SUITE C-5** SUITE C-5

28

29

FILED Apr 24 1998 8:00am Secretary of State



9, Name and Address of Current Registered Agent HAUSLER, GARY J ESQ. 950 N. COLLIER BOULEVARD **SUITE #202** MARCO ISLAND FL 34154

Country

Collier

	Trust Fund Contribution Added to Fees
ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered of Florida Statutes.

Cou

30

agent. I a	am familiar with, and accept the obligations of Section 007.050
SIGNATURE	luy () de
	Signature, typed or printed name of registered agreet and title vegulicable
12.	OFFICERS AND DIRECTORS

OLONIATURE	(Res) Laste		3/3/98
SIGNATURE		Registered Agent signature	e required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	GARDINER, DAVID W	1.2 NAME	_
STREET ADDRESS	122 JAMAICA DRIVE	1.3 STREET ADDRESS	4140 Looking Glass LANC
CITY-ST-ZIP	NAPLES FL 34113	1.4 City - St - ZIP	4140 Looking Glass Lane Neples FL 34112
TITLE	D DELETE	2.1 TITLE	Change Addition
NAME	GARDINER, SAMANTHA J	2.2 NAME	
STREET ADDRESS	122 JAMAICA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAMÉ	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	61 THILE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 12 if changed, or on an attackment with an address.

PORS 3/2/00