

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055624 (5)
 1. Corporation Name
COLLEGIATE MANAGEMENT TEAM, INC.



Principal Place of Business 1620 W UNIVERISTY AVE #4 GAINESVILLE FL 32603	Mailing Address 1620 W UNIVERISTY AVE #4 GAINESVILLE FL 32603
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 105 NW 16th St.	2a. Mailing Address 26 PO Box 13116
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Gainesville FL
Zip 24	Country 25
Country 25	Zip 29 32604
Country 25	Country 30

3. Date Incorporated or Qualified 06/24/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3454887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use Not Due

9. Name and Address of Current Registered Agent

COLLIER, NATHAN S
~~1620 W UNIVERISTY AVE~~
~~#4~~
GAINESVILLE FL 32603

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	105 NW 16th Street
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0572 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **NATHAN S. COLLIER** **3/24/98**
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLIER, NATHAN S	
STREET ADDRESS	1620 W UNIVERISTY AVE, #4	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEBER, MARY-EVAN	
STREET ADDRESS	1620 W UNIVERISTY AVE, #4	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHNOLL, MARC	
STREET ADDRESS	1620 W UNIVERISTY AVE, #4	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	105 NW 16th Street
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	105 NW 16th Street
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	105 NW 16th Street
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **MARY-EVAN WEBER** **3/24/98** **352/375-2157**

CR2E034 (10/97)