

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

FILED

Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000094850 (9)

1. Corporation Name
COLLIER INVESTMENTS, INC.

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 4874
MIAMI FL 33131-2398

Mailing Address

200 S BISCAYNE BLVD
SUITE 4874
MIAMI FL 33131-2398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3003 TAMiami TR N Suite, Apt. #, etc. 22 400 City & State 23 NAPLES FL Zip 24 34103		2a. Mailing Address 26 3003 TAMiami TR Suite, Apt. #, etc. 27 400 City & State 28 NAPLES FL Zip 29 34103		3. Date Incorporated or Qualified 11/05/1997 4. FEI Number 59-3481737 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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	
Country 25 USA		Country 30 USA			

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
3003 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	200 S. BISCAYNE BLVD, #4874
83	
84 City	Miami
85 Zip Code	33131

11. Pursuant to the provisions of Sections 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, MILES C	1.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, BARRON G II	2.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	2.3 STREET ADDRESS	NAPLES, FL
CITY-ST-ZIP	MIAMI FL 34103	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, THOMAS J	3.2 NAME	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	3.3 STREET ADDRESS	NAPLES, FL
CITY-ST-ZIP	MIAMI FL 34103	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 a 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:

Miles C. Collier

3/24/98

CR2E034 (10/97)