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

PROFIT CORPORATION ANNUAL REPORT

· /1999

Principal Place of Business

3003 TAMIAMI TR N #400



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

3003 TAMIAMI TR #400

DOCUMENT # **P97000094850**

COLLIER INVESTMENTS, INC.

NAPLES FL 34103		NAPLES FL 34103			DO NOT WRITE IN THIS SPACE			
US		US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		ļ	
.,					11/05/1997 4. FEI Number		nlied For	
Principal Place of Business 2a. Mailing Address			• • • • •	. •	• • • • • • • • • • • • • • • • • • • •		plied For	
26 003 Tamiami Ti			rail North		59-3481737		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					LE Continue of Status Decired		Additional equired	
27 Suite 400								
City & State City & State					6. Election Campaign Financing	\$5.00 Added 1		
23		28	Country		Trust Fund Contribution		.o rees	
Zip	Country	Zip	¬ ' '		This corporation owes the current year Interpretation of the Personal Property Tax.	angibie □ Yes	□No	
24	25	29 30	<u> </u>		10. Name and Address of New Registered			
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Address	-tgoin		
PENI	NSULA REGISTERED AGENTS,	INC:	"					
200 S BISCAYNE BLVD #4874 MIAMI FL 33131			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
			83					
						las State	0-1-	
}			84		FL	.	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named co	rporation submits this statement for the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autr	iorizea by	tne corpora	tion's board of directors. I hereby accept the appoin	itment as re	gisterea	
SIGNATURE								
	Signature, typed or printed name of registered age			nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DS IN 12	
12.		ID DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition	
TITLE	D	□ DELETE						
NAME	COLLIER, MILES C		1.2 NAME					
STREET ADDRESS	3003 TAMIAMI TRAIL N. STE 4	00	ľ	TADDRESS				
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-S	T-ZIP		Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	COLLIER, BARRON G II		2.2 NAME					
STREET ADDRESS	3003 TAMIAMI TRAIL N. STE 4	100	2.3 STREE	TADDRESS				
CITY-ST-ZIP	NAPLES FL 34103		2. 4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	FLOOD, THOMAS J		3.2 NAME					
STREET ADDRESS	3003 TAMIAMI TRAIL N, STE 4	100	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	NAPLES FL 34103		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			43 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CiTY-ST-ZIP

941-261-4455

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90227 008 ***150.00

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