

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000094850

1. Corporation Name

COLLIER INVESTMENTS, INC.

Principal Place of Business

3003 TAMiami TR N #400  
NAPLES FL 34103  
US

Mailing Address

3003 TAMiami TR #400  
NAPLES FL 34103  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

59-3481737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 S BISCAYNE BLVD #4874  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D  
NAME COLLIER, MILES C  
STREET ADDRESS 3003 TAMiami TRAIL N. STE 400  
CITY-ST-ZIP NAPLES FL 34103

TITLE D  
NAME COLLIER, BARRON G II  
STREET ADDRESS 3003 TAMiami TRAIL N. STE 400  
CITY-ST-ZIP NAPLES FL 34103

TITLE D  
NAME FLOOD, THOMAS J  
STREET ADDRESS 3003 TAMiami TRAIL N. STE 400  
CITY-ST-ZIP NAPLES FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

941-261-4455

Daytime Phone #

CR2E034 (11/98)