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May 05, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000108418

1. Corporation Name  
COLLIER CAPITAL CORPORATION



Principal Place of Business  
~~105 N.W. 16TH STREET~~  
GAINESVILLE FL 32603

Mailing Address  
P.O. BOX 13116  
GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 220 N. Main St.  
Suite, Apt. #, etc.  
22  
City & State  
23 Gainesville FL  
Zip  
24 32601 Country

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

3. Date Incorporated or Qualified  
12/29/1997

4. FEI Number  
59-3487482 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

10. Name and Address of New Registered Agent

COLLIER, NATHAN S  
~~105 N.W. 16TH STREET~~  
GAINESVILLE FL 32603

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
220 North Main Street  
83  
84 City Gainesville FL 85 Zip Code 32601

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	MATERNA, DAVID A	<del>105 NW 16TH ST</del>	<del>GAINESVILLE FL 32603</del>	<input type="checkbox"/>
DV	COLLIER, NATHAN S	<del>105 NW 16TH ST</del>	<del>GAINESVILLE FL 32603</del>	<input type="checkbox"/>
DTS	WEBER, MARY-EVAN	<del>105 N.W. 16TH STREET</del>	<del>GAINESVILLE FL 32603</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

all at  
220 North Main Street  
Gainesville FL 32601

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.

SIGNATURE: MARY-EVAN WEBER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99  
Date

352/375-2032  
Daytime Phone # 64302

CR2E034 (11/98)