

03161999-90145-050-\$150.00-\$150.00

NO RESTATE. CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000052097  
Corporation Name

P. COLLECTION OF NAPLES, INC.

Principal Place of Business

PROGRESS AVE  
NAPLES FL 34104

Mailing Address

4425 PROGRESS AVE  
NAPLES FL 34104

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90145 050 \*\*\*150.00

\* 6 6055412-90009-38



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1998	
26		26		4. FEI Number 59-3519176	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WIESMUELLER, WALTER 4425 PROGRESS AVE NAPLES FL 34104				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	PTD POLCZER, MICHAEL 4425 PROGRESS AVE NAPLES FL 34104	1.1 TITLE	PTD
ZIP		1.2 NAME	Polczer Michael
		1.3 STREET ADDRESS	792 Belville Blvd.
		1.4 CITY-ST-ZIP	Naples, FL. 34104
ADDRESS	VSD POLCZER, GABI 4425 PROGRESS AVE NAPLES FL 34104	2.1 TITLE	VSD
ZIP		2.2 NAME	Polczer Gabi
		2.3 STREET ADDRESS	792 Belville Blvd.
		2.4 CITY-ST-ZIP	Naples, FL. 34104
ADDRESS		3.1 TITLE	Secretary
ZIP		3.2 NAME	Rosalie Maria Wiesmueller
		3.3 STREET ADDRESS	792 Belville Blvd.
		3.4 CITY-ST-ZIP	Naples, FL. 34104
ADDRESS		4.1 TITLE	
ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	
ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	
ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 a new address.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)