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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800060509

COLLIER-5, INC.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90165 011 ***150.00



	•						
Principal Place	of Business	Mailing Address				98118 SILL SSIGI SILL S	191110 1011 1091
8464 N.W. 2ND STREET CORAL SPRINGS FL 33071 8464 N.W. 2ND STREET GORAL SPRINGS FL 33071			_		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/01/1998		ĺ
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21	26 COLEMA			SWEET	65-0897988	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			Attorney at Law		5. Certifcate of Status Desired	\$8.75 .A	I .
22 27			6113 Plantation Rd.		5. Certificate of States Beening	Fee Rec	quired
City & State		City & State Plantat	City & State Plantation, FL 33317		6. Election Campaign Financing	\$5.00	- 1
23					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip Cour		ntry	8. This corporation owes the current ye		Maria I
24	· · · · · · · · · · · · · · · · · · ·			<u> </u>	Personal Property Tax.		No
9. Name and Address of Current Registered Agent				81 Name A	10. Name and Address of New Regist	ereu Agent	
SWEET, COLEMAN C				Name &	oleman C. Swee	t attur	aTLaW
-221 S. ANDREWS AVENUE				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	7	
-FT. LAUDERDALE FL. 33301				83 0 La	rrington, Suitel	0	
TT. DAODENDAGET E 3000 I				°3 // // 9	75 E. Oakland F	K. Blv.	di
			•	84 City -	-1 / / / .	85 Zip C	
				_l	Fort Lauderdale,	/ /	3306
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was author 				by the corporatio	n's board of directors. I hereby accept the	appointment as reg	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE _					when reinstatung) DA	TE	
	Signature, typed or printed name of registered agent OFFICERS ANI	<u>```</u>	13.	Agent signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	272 S T	D DIRECTORO I□ DELETE	11 TIT	LE .	ADDITIONS/GRANGES TO SET TOCK	Change	Addition
NAME	$(\mathcal{L},\mathcal{L},\mathcal{L},\mathcal{L},\mathcal{L},\mathcal{L},\mathcal{L},\mathcal{L},$	Toseph G	1.2 NA				
STREET ADDRESS	Curt MUS	of Strand	•	REET ADDRESS			-
CITY-ST-ZIP	8464 NW ~	100 E/ 33071		Y-ST-ZIP			
TITLE	- Corol SP	DELETE	2.1 TIT			Change	☐ Addition
NAME		0	2.2 NA	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS			.]
CITY-ST-ZIP			2. 4 CI	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT			Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE		Change	☐ Addition
NAME			4, 2 N	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			1
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP			
TITLE		☐ DELETÉ	5.1 TIT			Change	☐ Addition
NAME			5.2 NA	ME			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT			Change	☐ Addition
NAME			6.2 NA				
STREET ADDRESS				REET ADDRESS			
מול דם עדום			6.4 CF	Y-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)(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: