

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90048 012 \*\*\*150.00

**DOCUMENT # P98000084153**

1. Corporation Name

**COLLIER FLIGHT MANAGEMENT, INC.**

Principal Place of Business

**3001 TAMiami TRAIL N. #207  
NAPLES FL 34103**

Mailing Address

**3001 TAMiami TRAIL N. #207  
NAPLES FL 34103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/29/1998**

4. FEI Number

**59-3535034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PERKOVICH, JOSEPH I  
3001 TAMiami TRAIL N. #207  
NAPLES FL 34103**

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change

☒ Addition

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

**D**

**Barron G. Collier II  
3001 Tamiami Trail N, Ste 207  
Naples FL 34103**

**D**

**Thomas J. Flood  
3003 Tamiami Trail N, Ste 400  
Naples FL 34103**

**D**

**Bruce S. Sherman  
3003 Tamiami Trail N, Ste 360  
Naples FL 34103**

**D/PLS**

**Joseph I. Perkovich  
3001 Tamiami Trail N, Ste 207  
Naples FL 34103**

**T**

**Deborah L. Kurtylow  
3001 Tamiami Trail N, Ste 207  
Naples FL 34103**

**Asst Secy/Treas**

**Sandra D. Walker  
3001 Tamiami Trail N, Ste 207  
Naples FL 34103**

14. I hereby ce

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:

**Joseph I. Perkovich**

4/27/99

941-435-1122

Date

Daytime Phone #

CR2E034 (11/98)