

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90067 037 ***158.75

DOCUMENT # P98000104229

1. Corporation Name
COLLEGIATE TECHNOLOGIES, INC.

Principal Place of Business
36715 TARA AVE.
ZEPHYRHILLS FL 33541

Mailing Address
36715 TARA AVE.
ZEPHYRHILLS FL 33541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5114 ENGLEWOOD LANE
Suite, Apt. #, etc.
22
City & State
23 ZEPHYRHILLS, FL
Zip Country
24 33541 25
2a. Mailing Address
26 5114 ENGLEWOOD LANE
Suite, Apt. #, etc.
27
City & State
28 ZEPHYRHILLS, FL
Zip Country
29 33541 30

3. Date Incorporated or Qualified
12/14/1998
4. FEI Number
59-3547989
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

DORR, CLIFFORD W JR.
36715 TARA AVE.
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name
DORR, CLIFFORD W JR.
82 Street Address (P.O. Box Number is Not Acceptable)
5114 ENGLEWOOD LANE
83
84 City
ZEPHYRHILLS FL 85 Zip Code
33541

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

Clifford W. Dorr Jr.

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	<input type="checkbox"/> DELETE
NAME	DORR, CLIFFORD W JR.	
STREET ADDRESS	36715 TARA AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRASLOW, ALAN	
STREET ADDRESS	6 BANNER RD.	
CITY-ST-ZIP	CHERRY HILL NJ 08003	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Clifford W. Dorr Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DORR, CLIFFORD W JR PRESIDENT 4/28/99 813-715-6446
Date Daytime Phone #

CR2E034 (11/98)