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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1998 8:00am

Secretary of State

941-643-6640

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S01702

(7)

COLLIN	IS TOOL AND MACHINE C	ORPORATION			
Principal Plac	e of Business	Mailing Address			inte mille dinte dinte affit 1904
950 NORTH COLLIER BLVD 950 NORTH COLLIER BLV % FREDERICK C. KRAMER % FREDERICK C. KRAME MARCO (SLAND FL 33937-2725 MARCO (SLAND FL 33937-2725)			R	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/21/1990	
<b>-</b>	tace of Business	2a. Maiting Address		4, FEI Number	Applied For
		26		65-0220786	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	od Agent
KRAMER, FREDERICK C 950 NORTH COLLIER BLVD			o Name		
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MARCO ISLAND FL 33937					
			83		
j			84 City		85 Zip Code
				F	L 34/95
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 profited name of registered ag	Alox	F. Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONO VINGES TO SITTOETIC A	Change Addition
NAME	COLLINS, PATRICK F.	<del>_</del>	1.2 NAME		
STREET ADDRESS	840 WINTERGREEN CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		1.4 City-St-Zip		\
TITLE	S	DELETE	2.1 TITLE		Change Addition
NAME	COLLINS, LINDA E.		2.2 NAME		
STREET ADDRESS	840 WINTERGREEN CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2.4 City-St-Zip		
TITLE	WALLOO TODATO IE	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 THILE		☐ Change ☐ Addition
NAME			4.2 NAME		' -
STREET ADDRESS			4.3 STREET ADDRESS		Į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<b>—</b> *	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			1		ľ
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		had where the	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
STREET AUDITESS			0.5 SINCE I NUUNESS		

14. Thereby 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.