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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S12912

(9)

FILED						
Feb 06 1998 8:00am						
Secretary of State						

COLLIE	er Lee Investments, in	C.		 	DJ. DJBJJ BJBJJ DJBJJ BJBJJ DJBJJ BBJJ
Principal Place of Business Mailing Address					
13891 JETPORT LOOP RD. SUITE 1 FT. MYERS FL 33913		4056 CRAYTON RD. NAPLES FL- <del>33346</del> - 34103-3571 US		DO NOT WRITE IN	THIS SPACE
US				3. Date Incorporated or Qualified	
				11/13/1990	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		31-1312375	Not Applicable
Suite, Apt.	.#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	10	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	Country	28	Couples	Trust Fund Contribution L	
Zip	Country	Zip 34103 - 3576	Country	8. This corporation owes or has paid t	
24	25 B. Name and Address of Curr		30	Personal Property Tax due June 30  10. Name and Address of New Regis	
	<del></del>	ant negratered Agent	81 Name	IV. Hallie alle Address of New Hogis	resea Agent
	IMPE, GENE				
4056 CRAYTON RD. NAPLES FL 34103-3576			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
N/A	PUES PL 34103-3576		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purp	
office or i	registered agent, or both, in the Sta	te of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the	ne appointment as registered
	Ma. //-		ida Statoles.	و	1/90
SIGNATURE	Signature, typed or printed name of registered a	gent and title II applicable. (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	CAMPE, EUGENE C		1.2 NAME		
STREET ADORESS	4056 CRAYTON RD.		1.3 STREET ADDRESS		_
CITY-ST-ZIP	NAPLES FL X		1.4 CITY-SCZIP	ZIP CODE 15- 34/03-	3576
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1 1		4. 2 NAME		
STREET ADDRESS	- <del></del> - <del></del>		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME	II.		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

SIGNATURE:

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