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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S21305 (5)
 1. Corporation Name
COLLIER COUNTY FIRE & SAFETY EQUIPMENT, INC.



Principal Place of Business Mailing Address
P. O. BOX 10054 NAPLES FL 33941 **P. O. BOX 10054 NAPLES FL 33941**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Naples Fl, 34104	26	3980 Exchange Ave	12/24/1990	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				65-0235606	
23. City & State		28. City & State		5. Certificate of Status Desired	
Naples Fl		Naples Fl - 34104		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	Country	29. Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
34104	Collier			<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLARK, ALAN T. 27098 HARBOR DR. BONITA SPRINGS FL 33923				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		DATE	
Alan T. Clark		Alan T. Clark		4-20-98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CLARK, ALAN T.	2. NAME	
STREET ADDRESS	27098 HARBOTR DRIVE	3. STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	
STREET ADDRESS	COATES, DEIRDRA	2.3 STREET ADDRESS	
CITY-ST-ZIP	27098 HARBOR DRIVE	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Alan T. Clark, P.O. P.O. 4-20-98 941-649-7247

CR2E034 (10/97)