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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S34120 (3)

1. Corporation Name
COLLEEN, INC.

Principal Place of Business

4064 FOREST HILL BLVD.
W. PALM BEACH FL 33406-5126
US

Mailing Address

4064 FOREST HILL
W. PALM BEACH FL 33406-5729
US



3. Date Incorporated or Qualified 02/26/1991 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0252917 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1408 Sailboat Circle
Suite Apt. #, etc.

22 Wellington, FL
City & State

23 Wellington, FL
Zip Country

24 33414 25 Palm Beach

2a. Mailing Address

26 1408 Sailboat Circle
Suite, Apt. #, etc.

27 Wellington, FL
City & State

28 Wellington, FL
Zip Country

29 33414 30 Palm Beach

9. Name and Address of Current Registered Agent

DWINELL, RICHARD L.
4018 SAILBOAT CIRCLE
WELLINGTON FL 33414

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	DWINELL, RICHARD L.	
STREET ADDRESS	1408 SAILBOAT CIRCLE	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	DWINELL, CAROL A.	
STREET ADDRESS	1408 SAILBOAT CIRCLE	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DWINELL, DANIEL A.	
STREET ADDRESS	1408 SAILBOAT CIRCLE	
CITY - ST - ZIP	WELLINGTON FL	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Vice President	<input checked="" 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 do 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. I changed, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Dwinell 1/23/97 561-791-8925
Date Daytime Phone #

CR2E034 (9/96)