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PŔOFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S34120

COLLEE	N, INC										
Principal Place	e of Business	Mailing	Address				\dashv		1 jirdii bo ik ekali	BION ON BUILDING	DIRAN DERNI HORE
1408 SAILBOAT CIR WELLINGTON FL 33414 US 1408 SAILBOAT CIR WELLINGTON FL 33414 US 1408 SAILBOAT CIR WELLINGTON FL 33414 US							DO NOT W	/RITE IN THI	S SPACE	115 12	
								Date Incorporated or Qualif	ed		
2. Principal P	lace of Business	2a. Ma	iling Address	-				FEI Number		Ap	plied For
21		26	•					65-0252917		No	t Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.							\$8.75 /	Additional
22		27					5.	Certificate of Status Desired	• Ц	Fee Re	equired
City & Stat	te ·	Cit	y & State				6.	Election Campaign Financia	rg 🗆	\$5.00	May Be
23	,	28						Trust Fund Contribution	· W	• Added t	to Fees
Zip	Country	Zip	1	Co	untry		8.	This corporation owes the o	urrent year Ir		_ +
24	25	29		30				Personal Property Tax.		☑Yes	□No
	9. Name and Address of Curren		d Agent				10.	Name and Address of Ne	w Registered	Agent	
Po.1 4 CO		.i*			81	Name			-		*
[ि] 40 i	NELL, RICHARD L B SAILBOAT CIRCLE				82	Street Ad	ldress (P.	O. Box Number is Not Acce	eptable)		na natisa didaka ka 1982 ya
WEL	LINGTON FL 33414				83			7.160		编制数数	现合物
					84	City			# 사람(6년 24년 - 기년	85 Zíp (Code
					54	City		•	FI		Code
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida 9	Such change was a	uthorize	ad hv i	the comora	rporation ation's bo	ard of directors. I hereby ac	cept the appo	ointment as re	gistered
agent. I a	am familiar with, and accept the obligation		ction 607.0505, Flo	rida Sta	itutes.		uired when re	ainstating)	DATE	- 1	4 1
🎊 agent. I a	am familiar with, and accept the obliga	nt and title if appl	ction 607.0505, Floi icable (NOTE	rida Sta	itutes. ed Ageni			ainstating)		ND DIRECTO	DRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90006 018 ***150.00