

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 2/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 22 AM 8:57

DOCUMENT # S45661 (3)

1. Corporation Name
COLEDO INCORPORATED

Principal Place of Business Mailing Address
3255 TAMiami TRAIL NORTH NAPLES FL 33940 **3255 TAMiami TRAIL NORTH NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1991** 3a. Date of Last Report **05/11/1994**
 4. FEI Number **65-0259069** 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**HAINS, TIMOTHY G.
 4501 TAMiami TRAIL NORTH
 NAPLES FL 33940**

10. Name and Address of New Registered Agent
 01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPENCER, DAVID S.
STREET ADDRESS	525 ANCHOR RODE DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	TD
NAME	DAVIS, RICHARD L.
STREET ADDRESS	315 ST ANDREW BLVD
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	D'AMATO, ANITA
STREET ADDRESS	141 RAILROAD AVENUE
CITY - ST - ZIP	SALISBURY MA
TITLE	D
NAME	ZOGRAFOS, JAMES
STREET ADDRESS	9 ROCKYLEDGE ROAD
CITY - ST - ZIP	SWAMPSCOTT MA
TITLE	D
NAME	KALIONTZIS, GEORGE
STREET ADDRESS	23 PINE RIDGE ROAD
CITY - ST - ZIP	ARLINGTON MA
TITLE	VD
NAME	ESTREMEIRA, JULIO
STREET ADDRESS	10220 BOCA AVENUE NORTH
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	299 MERMAIDS BIGHT
1 4 CITY - ST - ZIP	NAPLES, FL 33940
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David Spencer 6-16-95 (813) 261-6630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)