

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 JUN 20 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/21/95--01043--008  
\*\*\*\*225.00 \*\*\*\*225.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V01673 (5)**

1. Corporation Name  
**MILLIE B. KOLATA, P.A.**

Principal Place of Business: ~~2400 TAMiami TRAIL NORTH SUITE 212 NAPLES FL 33940~~

Mailing Address: ~~2400 TAMiami TRAIL NORTH SUITE 212 NAPLES FL 33940~~

3. Date Incorporated or Qualified: **12/18/1991**

3a. Date of Last Report: **02/07/1994**

4. FEI Number: **65-0307425**

Applied For:  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc: **11030 LINNET LN**

26 Suite, Apt. #, etc: **11030 LINNET LN**

22 City & State: **Naples FL**

27 City & State: **Naples, FL 33999**

23 Zip: **33999**

24 Country: **Collier**

28 Zip: **33999**

29 Country: **Collier**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**KOLATA, MILLIE B.  
11030 LINNET LANE  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, Title or printed name of registered agent and title, if applicable) \_\_\_\_\_ (Name, Registered Agent Signature required after registration) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>D-P</b>
NAME	<b>KOLATA, MILLIE B.</b>
STREET ADDRESS	<b>2400 TAMiami TRAIL NORTH-</b>
CITY, ST, ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>11030 LINNET LANE</b>
14 CITY, ST, ZIP	<b>Naples, FL 33999-8945</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.02(3)(b), 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: **Millie B. Kolata** **Millie B. Kolata** **5-17-95** **813-592-7779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR Date Daytime Phone #