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Feb 11 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 # V01673 (5)

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



Principal Place of Business: 11030 LINNET LN NAPLES FL 09999 34119
Mailing Address: 11030 LINNET LN NAPLES FL 34119-8945

3. Date Incorporated or Qualified: 12/18/1991
3a. Date of Last Report: 01/30/1996
4. FEI Number: 65-0307425
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
KOLATA, MILLIE B.
11030 LINNET LANE
NAPLES FL 34119

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 12 rows for Officers and Directors. Row 1: D KOLATA, MILLIE B., 11030 LINNET LANE, NAPLES FL.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Includes checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing 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 thereof, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, if applicable. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 attached sheet, if applicable.

SIGNATURE: *Millie B. Kolata* 1-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)