FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # V56904

1. Corporation Name

COLLEGE PARK PHASE II, INC.

Principal Place of Business

Mailing Address

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90119 032 ***150.00



1500 1						TE IN THIS SPAC	E
	Northpark Dr. #10 t Worth, TX 7610		ark I TX	76102	8 3. Date Incorporated or Qualifed 08/12/1992		
— 15ስስ	lace of Business Northpark Dr.	2a. Mailing Address 26 1500 Northpa	ark T)r.	4. FEI Number 75-2.	517474	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		<u>, , , , , , , , , , , , , , , , , , , </u>		_ \$8	.75 Additional
22 #10		27 #108			5. Certifcate of Status Desired	11	ee Required
City & State		City & State			6. Election Campaign Financing	S :	5.00 May Be
For	t Worth, TX	28 Fort Worth	, TX		Trust Fund Contribution	A	dded to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curr	ent year Intangible	
761	.02 25 USA	29 76102 30	USA	<u> </u>	Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent	_ _	T	10. Name and Address of New F	Registered Agent	!
	TEO VENTUE FOO		81	Name			
LOTTES, KEVIN R ESQ. 4001 TAMIAMI TRAIL N., STE. 300 NAPLES FL 34103				82 Street Address (P.O. Box Number is Not Acceptable)			
			84	City		F1 85	Zip Code
				<u> </u>	ti to the state of the state of		ing its registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was auth	iorizea dv	the corporation	ration submits this statement for the n's board of directors. I hereby accep	pt the appointmen	t as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	.	·		
SIGNATURE	Signature, typed or printed name of registered agen	Land tale of analizable (NOTE: Re	orietarne Ana	nt signature required	when reinstating)	DATE	
12.	OFFICERS AN		13.	in organization (organization)	ADDITIONS/CHANGES TO OF	FICERS AND DIF	RECTORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE				hange Addition
NAME	WILLIAMS, JERRY J		1.2 NAME				
STREET ADDRESS	3838 TAMIAMI TRAIL N.		13 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-S				
TITLE	VS	☐ DELETE	2.1 TITLE			Ţχic	hange Addition
NAME	WILLIAMS, TERRY D		2.2 NAME				•
	-3838-TAMMAMI-TRAIL N.			TADDRESS 1	500 Northpark Dr	#108	
STREET ADDRESS	NAPLES FL 94183		2.4 CITY-5	ST ZID	ort Worth, TExas	76102	
CITY-ST-ZIP **	TAN BEOTE OTTOO	☐ DELETE	3.1 TITLE	31-21	OLC WOLCH, TEXAS		hange Addition
			3.2 NAME			_	- —
NAME				T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		□ DELETE	3.4. CITY-1	51-4IF			Change Addition
TITLE			4.1 IIILE				· _
NAME				T ADDRESS			
STREET ADDRESS				1			
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP			hange
TITLE			5.1 IIILE 5.2 NAME			۵,	
NAME			1	T ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		DELETE	6.1 TITLE	21-UF			hange
TITLE		☐ NETE IE	6.2 NAME				
NAME			ŧ .	T 4000000			
STREET ADDRESS				TADDRESS			
l	l .		BAACTV. 9	2T. 7ID			

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.

Terry Williams SIGNATURE: