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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000026905 (4) DOCUMENT #

COL INCORPORATED

Principal Place of Busines	S	Mailing Address
2770 N.W. 43RD STREET SUITE B GAINESVILLE FL 32606		2770 N.W. 43RD STREET SUITE B GAINESVILLE FL 32606
. Principal Place of Business		2a. Mailing Address
1		
Suite, Apt. #. etc		Suite, Apt. #, etc.
Suite, Apt. #, etc. 2 City & State		Suite, Apt. #, etc. 27 City & State 28

FILED Feb 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 Applied For Not Applicable \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Ď Ño Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BIELBY, LORENCE JON ESQ. GREENBERG, TRAURIG, HOFFMAN, LIPOFF ET AL Street Address (P.O. Box Number is Not Acceptable) R2 101 E. COLLEGE AVENUE 83 TALLAHASSEE FL 32301 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. Lam farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change NAME LEVIN, SAMUEL B 1.2 NAME STREET ADDRESS 810 GLENARDEN WAY 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MODZELEWSKI. EDWARD NAME 2.2 NAME 2770 N.W. 43RD STREET, SUITE B STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE SCHANZE, THOMAS NAME 3.2 NAME 2770 N.W. 43RD STREET, SUITE B STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL 32606** CITY - ST - ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee emplowered 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FEB 6 1990