

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **726904** (6)
1. Corporation Name
COLONIAL OFFICE BUILDING, INC.



Principal Place of Business: **4367 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308**
Mailing Address: **4367 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **07/09/1973**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-1740585**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**JAMES, G. EARL
1536 N.E. 18TH AVENUE
FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent
81 Name: **Aurelius, John E.**
82 Street Address (P.O. Box Number is Not Acceptable): **4367 N. Federal Hwy.**
83
84 City: **Fort Lauderdale, FL** 85 Zip Code: **33308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **11/22/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POTTER, DORIS M	
STREET ADDRESS	48 PLEASANT HILL LN	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, G. EARL	
STREET ADDRESS	1536 N.E. 18 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASE, CY	
STREET ADDRESS	5290 N.E. 16 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AURELIUS, JOHN E.	
STREET ADDRESS	2356 N.E. 8TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	Bielejeski, John, Jr.	
STREET ADDRESS	4141 N. E. 28th Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Case, Cy
3.3 STREET ADDRESS	2917 Port Royale Lane
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Aurelius, John E.
4.3 STREET ADDRESS	2356 N.E. 8th St.
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL
5.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bielejeski, John, Jr.
5.3 STREET ADDRESS	4141 N. E. 28th Avenue
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-22-96** (954) 771-3500
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)