

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000012334 (5)**

1. Corporation Name  
**COLUMBIA SMYRNA GROUP, INC.**



Principal Place of Business Mailing Address  
**19850 BRECKENRIDGE DR ESTERO FL** **19850 BRECKENRIDGE DR ESTERO FL**

21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30	9. Name and Address of Current Registered Agent		

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>02/14/1995</b>	
4. FEIN Number	Applied For
<b>14-1779810</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has facility for intangible tax under s. 190.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

**LOTURCO, JOSEPH D**  
**19850 BRECKENRIDGE DR**  
**ESTERO FL**

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 607.001 and 607.1309, 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, Sections 607.001 and 607.1309, Florida Statutes.

SIGNATURE

Name (Must be printed in full)

Title (Must be printed in full)

Date

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOTURCO, JOSEPH D</b>	
STREET ADDRESS	<b>19850 BRECKENRIDGE DR</b>	
CITY-ST-ZIP	<b>ESTERO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		
6. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		
8. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		
14. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS		
16. CITY-ST-ZIP		

14. I do hereby certify that the information provided with this filing is true and correct, and that I am not eligible for the exemption stated in Section 119.071(5)(a), Florida Statutes. I further certify that the information provided on this annual report is true and correct, and that my signature has the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to execute this report or report by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 in the office of the Secretary of State, or on the report, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph D. Loturco* **Joseph D. Loturco** **2/12/96** **941-992-4140**

CR2E034 (12/95)