

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000012334

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

Principal Place of Business  
**52 Corporate Circle**

Mailing Address  
**52 Corporate Circle**

3. Date Incorporated or Qualified **02/14/95** 3a. Date of Last Report **First Year**

2. Principal Place of Business  
21 **52 Corporate Circle** 2a. Mailing Address  
26 **52 Corporate Circle**

4. FET Number **14-1779810** Approved by Notary Public

22 State, Apt. #, etc. **-** 27 State, Apt. #, etc. **-**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **Albany, New York** 28 City & State **Albany, New York**

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

24 Zip **12203** 25 Country **U.S.A.** 29 Zip **12203** 30 Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**Joseph D. Loturco  
19850 Breckenridge Drive  
Estero, Florida 33928**

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

Signature (Typed or Printed Name of the Signer) (See Instructions)

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Joseph D. Loturco</b>	
STREET ADDRESS	<b>19850 Breckenridge Drive</b>	
CITY, ST, ZIP	<b>Estero, Florida 33928</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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Donald R. Led Duke</b>	
1.3 STREET ADDRESS	<b>19850 Breckenridge Drive</b>	
1.4 CITY, ST, ZIP	<b>Estero, Florida 33928</b>	
2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Joseph R. Nicolla</b>	
2.3 STREET ADDRESS	<b>19850 Breckenridge Drive</b>	
2.4 CITY, ST, ZIP	<b>Estero, Florida 33928</b>	
3.1 TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Michael F. Bette</b>	
3.3 STREET ADDRESS	<b>19850 Breckenridge Drive</b>	
3.4 CITY, ST, ZIP	<b>Estero, Florida 33928</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

**000001843330  
-05/29/96--01136--003  
\*\*\*200.00**

*5-96  
JRP*

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)(b), Florida Statutes, and 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 in an appointment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Joseph R. Nicolla, Vice President**

*5/22/96* (941) 992-4140

CR2E034 (12/95)