

FILE NOW: FILING FEE AFTER M' 1 IS \$225.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000012334	
1. Corporation Name COLUMBIA SMYRNA GROUP, INC.	

Principal Place of Business 52 CORPORATE CIRCLE ALBANY, NY 12203	Mailing Address 52 CORPORATE CIRCLE ALBANY, NY 12203
------------------------------------------------------------------------	------------------------------------------------------------

3. Date Incorporated or Qualified 02/14/95	3a. Date of Last Report 12/31/96
-----------------------------------------------	-------------------------------------

2. Principal Place of Business 21 52 CORPORATE CIRCLE	2a. Mailing Address 26 52 CORPORATE CIRCLE
----------------------------------------------------------	-----------------------------------------------

4. FEI Number 14-1779810	Applied For Not Applicable
-----------------------------	-------------------------------

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
---------------------------	---------------------------

5. Certificate of Status Desired <input type="checkbox"/>	Fee Required \$8.75 Additional
-----------------------------------------------------------	-----------------------------------

City & State 23 ALBANY, NY	City & State 28 ALBANY, NY
-------------------------------	-------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Fee Required \$5.00 May Be Added to Fees
------------------------------------------------------------------------------------	---------------------------------------------

Zip 24 12203	Country 25 U.S.	Zip 29 12203	Country 30 U.S.
-----------------	--------------------	-----------------	--------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 N/A	
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 *Joseph D. Loturco* DATE 4/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> DELETE JOSEPH D. LOTURCO 1980 BRECKENRIDGE DRIVE ESTERO, FL. 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition #00002530504 -05/20/98--01087--031 ***61.25
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.19
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph D. Loturco* Date 941-952-4140 Daytime Phone #