

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S57226

(0)

1. Corporation Name
THE COLSON GROUP, INC.



Principal Place of Business

C/O BILL COLSON
200 S BISCAYNE BLVD
MIAMI FL 33131

Mailing Address

C/O BILL COLSON
200 S BISCAYNE BLVD
MIAMI FL 33131-2310

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2b. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
06/05/1991

3a. Date of Last Report
02/06/1996

4. FEI Number
65-0265487

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

COLSON, BILL
200 S BISCAYNE BLVD
S E FINANCIAL CENTER
MIAMI FL 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE DPS	<input type="checkbox"/> DELETE
12.2 NAME COLSON, BILL	
12.3 STREET ADDRESS 200 S BISCAYNE BLVD	
12.4 CITY- ST- ZIP MIAMI FL	
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY- ST- ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY- ST- ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY- ST- ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY- ST- ZIP	

13.1 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 1.2 NAME	
13.3 1.3 STREET ADDRESS	
13.4 1.4 CITY- ST- ZIP	
13.5 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 2.2 NAME	
13.7 2.3 STREET ADDRESS	
13.8 2.4 CITY- ST- ZIP	
13.9 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 3.2 NAME	
13.11 3.3 STREET ADDRESS	
13.12 3.4 CITY- ST- ZIP	
13.13 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 4.2 NAME	
13.15 4.3 STREET ADDRESS	
13.16 4.4 CITY- ST- ZIP	
13.17 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 5.2 NAME	
13.19 5.3 STREET ADDRESS	
13.20 5.4 CITY- ST- ZIP	
13.21 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 6.2 NAME	
13.23 6.3 STREET ADDRESS	
13.24 6.4 CITY- ST- ZIP	

14. I 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 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: *Bill Colson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22 '97 (305)251-3366
Date Daytime Phone #

CR2E034 (9/96)