

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 171268 (6)

1. Corporation Name

COLUMBIA BROKERAGE CO INC



Principal Place of Business

9210 KING PALM DR., SUITE 112
TAMPA FL 33619-8331

Mailing Address

9210 KING PALM DR., SUITE 112
TAMPA FL 33619-8331

3. Date Incorporated or Qualified
11/24/1952

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

21 3444 Memorial Hwy

2a. Mailing Address

26 3444 Memorial Hwy

4. FEI Number
59-0685964

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

22 City & State

23 TAMPA, FL

27 City & State

28 TAMPA, FL

24 Zip 33607 Country USA

29 Zip 33607 Country USA

9. Name and Address of Current Registered Agent

HAGAN, RAY
9210 KING PALM DR
STE 112
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name ~~HAGAN, RAY~~ ROBERT B. ERGER
82 Street Address (P.O. Box Number is Not Acceptable)
3444 Memorial Hwy
83
84 City TAMPA FL FL 85 Zip Code 33607

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

Robert B. Erger

Signature of agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reconstituting)

6/2/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BERLIN, RONNIE	
STREET ADDRESS	5576 TIMUQUANA RD., S-2	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAGAN, RAY	
STREET ADDRESS	4615 PARKBREEZE CT.	
CITY - ST - ZIP	ORLANDO, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEUCHAT, RICK	
STREET ADDRESS	9210 KING PALM DR. #112	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MATHIS, MIKE	
STREET ADDRESS	9210 KING PALM DR. #112	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RUDEEN, ROGER	
STREET ADDRESS	9210 KING PALM DR., STE 112	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROBERT B. ERGER	
STREET ADDRESS	3444 MEMORIAL HWY	
CITY - ST - ZIP	TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	REMOVE from Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AND DIRECTOR
1.3 STREET ADDRESS	Listing
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3444 Memorial Hwy
3.4 CITY - ST - ZIP	TAMPA, FL 33607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REMOVE AS OFFICER & DIRECTOR
4.3 STREET ADDRESS	3444 Memorial Hwy
4.4 CITY - ST - ZIP	TAMPA, FL 33607
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REMOVE AS OFFICER & DIRECTOR
5.3 STREET ADDRESS	3444 Memorial Hwy
5.4 CITY - ST - ZIP	TAMPA, FL 33607
6.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 a 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:

Robert B. Erger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/96

813-621-4991
Daytime Phone #

CR2E034 (3/96)