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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

1996

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THE COLUMBIAN CORPORATION OF CLEARWATER

Principal Place of Business Mailing Address \$15 S. LINCOLN ME P.O. BOX 415 \$15 S. LINCOLN ME P.O. BOX 415 S.									
P.O. BOX 4745 CLEARWATER FL 34618 2. Pinnings Pace of Business 2. Amains Address S 2. Extra Act 4, etc. 2. Sute, Apt 4, etc. 2. Sute,	Principal Place of	of Business	Mailing Address			P SENITE MENON CONTROL CONTROL CONTROL CONTROL	7 1161 61811 81811 8181		01011 1001
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2. Principal Place of Business 2a. Mailroy Address 3. Date Interpreted or Qualified 04/03/1869 36. Date of Last Report 26/05/11/985 26/05/11/9	P.O. BOX 4745	5		P.O. 8OX 4745					
Suite, Apt. #, etc. Suite, Ap	CLEARWATER FL 34618 CLEARWATER FL 34518								
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Appli	ied For
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28		, etc.	 			5. Certificate of Status Desired	\$ ¹		
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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 furthe 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 un	14 Ldo bereb	y certify that the information supplied	with this filing is voluntarily furni	ished and does	not qualify for	or the exemption stated in Section 119	1.07(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 uncoath; that I am an officer or director of the corporation or the 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 a valuachment with an address.	certify that oath; that I	, the information indicated on this and I am an officer or director of the corp	ual report or supplemental annu oration or the receiver or truster	oar report is true e empowered to	execute this	s report as required by Chapter 617, F	liorida Statutes; a	ina inai m	ly name

Markham EVGENG J. MARKHAM

ONLY BORNE OF SIGNING OFFICER OR DIRECTOR

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