

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000000753 (3)**

1. Corporation Name

COLUMBIA MAINTENANCE SERVICES, INC.

Principal Place of Business

**8043 NW 167TH ST #A-20
MIAMI FL 33015**

Mailing Address

**1424 K ST. N.W.
4TH FLOOR
WASHINGTON DC 20005
US**



2. Principal Place of Business

21 **Wash**
Suite, Apt. #, etc.

22 **Wash**
City & State

23 **Wash**
Zip Country

24 **Wash**
Country

2a. Mailing Address

26 **Wash**
Suite, Apt. #, etc.

27 **Wash**
City & State

28 **Wash**
Zip Country

29 **Wash**
Country

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1198387

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. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**NEMROW, ROBERT J
7701 NW 56TH ST
MIAMI FL 33166**

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 607.1503, 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 of Registered Agent or Registered Agent for the State

Signature of Registered Agent for the State

DATE

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **PARZOW, BARRY M**
STREET ADDRESS **1424 "K" ST NW**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **ST** ☐ DELETE
NAME **FELRICE, JOEL S**
STREET ADDRESS **1424 "K" ST NW**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **V** ☐ DELETE
NAME **TUCKER, GREG**
STREET ADDRESS **8043 NW 167TH ST #A-20**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

1-800-833-9999

CR2E034 (12/95)