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Apr 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M73740 (6)

1. Corporation Name:
COLUMBIA PARTNERS, INC.

Principal Place of Business

% LAURANS A. MENDELSON
825 S. BAYSHORE DR., STE. 1643
MIAMI, FL 33131

Mailing Address

% LAURANS A. MENDELSON
825 S. BAYSHORE DR., STE. 1643
MIAMI, FL 33131-2920

3. Date Incorporated or Qualified

03/17/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0038000

Applied For

Not Applicable

2. Principal Place of Business

21 825 BRICKELL BAY DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 825 BRICKELL BAY DRIVE
Suite, Apt. #, etc.

22 TOWER III SUITE 1643

27 TOWER III SUITE 1643

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDELSON, LAURANS A.
825 S. BAYSHORE DR.
SUITE 1643
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MENDELSON, LAURANS A.
STREET ADDRESS 825 S BAYSHORE DR #1643
CITY-ST-ZIP MIAMI FL1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME VICTOR H. MENDELSON
1.3 STREET ADDRESS 825 BRICKELL BAY DRIVE #1643
1.4 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ AdditionTITLE V ☒ DELETE
NAME PAUL, JOSEPH A.
STREET ADDRESS 825 S BAYSHORE DR #1643
CITY-ST-ZIP MIAMI FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME MENDELSON, ARLENE
STREET ADDRESS 825 S BAYSHORE DR #1643
CITY-ST-ZIP MIAMI FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE AS ☐ DELETE
NAME VETTER, JUDITH
STREET ADDRESS 825 S BAYSHORE DR #1643
CITY-ST-ZIP MIAMI FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VM ☐ DELETE
NAME MENDELSON, ERIC A
STREET ADDRESS 825 S. BAYSHORE DR. 1643
CITY-ST-ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURANS A. MENDELSON 4/11/97 (305) 374-1744

CR2E034 (9/96)