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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73740

(6)

COLUMBIA PARTNERS, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- A MADADANI NI 1700O DININ IRDIN BADIN BAHA BAHA BAHAY DIRIN BADIN BADIN BABIN BARIN BARIN BARIN BARIN BARIN		
825 BRIKCELL BAY DR TOWER III. STE 1643 MIAMI.F L 33131 US		825 BRICKELL BAY DR. TOWER III, STE 1643 MIAMI.F L 33131 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/17/1988		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt #, etc		26		65-0038000	Not Applicable		
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & State		Otty & State	City & State			Fee Required	
23			28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Count	гу	This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent				-,-	10. Name and Address of New Registered Agent		
MENDELSON, LAURANS A.				81 Name			
825 S. BAYSHORE DR.			8:	Street Address (P.O. Box Number is Not Acceptable)			
	NTE 1643		8:				
MIL	AMI FL 33131		*	3			
			8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statut	les the abo	ve-named cor	poration submits this statement for the p	urpose of changing its registered	
Office of I	registered agent, or both, in the State am familiar with, and accept the oblig	or Florida, Such change was a	authorized t	by the corpora	this statement for the parties board of directors. I hereby accept	of the appointment as registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,						
	Signature, typed or printed name of registered age			gent's gnature requ	red when reinstating)	DATE.	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME	PD DELETE MENDELSON, LAURANS A.		1 1 TITLE			Change Addition	
STREET ADDRESS	825 S BAYSHORE DR #1643		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST-ZIP				
TITLE	VP	DELETE	2.1 TITLE			Change Addition	
NAME	MENDELSON, VICTOR H		2 2 NAME				
STREET ADDRESS	825 BRICKELL BAY DR., #16	43	2.3 STREET ADDRESS				
CFTY-S1-ZIP	MIAMI FL		2 4 CITY	-ST-ZIP			
TITLE	S	DELETE	3.1 TITLE			Change Addition	
NAME	MENDELSON, ARLENE		3 2 NAME				
STREET ADDRESS	825 \$ BAYSHORE DR #1643		3 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4 CITY	ST-ZIP			
TITLE	***		4 1 TITLE	-		Change Addition	
NAME ATOSST LODDESO	VETTER, JUDITH S 825 S BAYSHORE DR #1643		4. 2 NAME			i	
STREET ADDRESS	MIAMI FL			TAODRESS			
CITY-ST-ZIP TITLE	VM	DELETE	44 CHY- 5 1 TITLE	51- ZIP		Change Addition	
NAME	MENDELSON, ERIC A		5 2 NAME			El originge El Mod(IUIT (
STREET ADDRESS	825 S. BAYSHORE DR. 1643		5.3 STREET ADDRESS				
CITY-ST-ZIP	talasa Pi		5.4 CiTY -				
TITLE	DELETE		6 1 TITLE			Change Addition	
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP		We want of the control of the contro	6 4 CHY-				
14. I hereby c	ertify that the information supplied wi	to this films does not availed fo	or the evene	di bototo ocito	Continu 110 07/3/6) Florida Statutos 14	all and the second second	

is filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information that report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address. indicated on this annual report or supplied with a officer or director of the coporation or the receiver Block 12 or Block 13 if charged, or on an attaching

SIGNATURE:

Laurens A. Mendellon 4-16-98