

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N13137 (7)

1. Corporation Name
COLUMBIAN #1, INC.



Principal Place of Business: 5850 KOFC DRIVE, PORT RICHEY FL 34668
Mailing Address: P O BOX #368, PORT RICHEY FL 34668, US

3. Date Incorporated or Qualified: 01/16/1986
3a. Date of Last Report: 02/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-3059658	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTMAN, JAMES J
5539 DELAWARE AVE
NEW PT RICHEY 34652

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and their acceptable) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT (Director) D
NAME	GAY, EWARD	1.2 NAME	DR SANTIS, Rudolph
STREET ADDRESS	7216 OAKCREST DR	1.3 STREET ADDRESS	9202 Glen Moor Ln
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	S	2.1 TITLE	
NAME	BUSUTTIL, JOSEPH	2.2 NAME	
STREET ADDRESS	7804 BROOKRIDGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	Vice President (Director) D
NAME	HOLT, ARTHUR	3.2 NAME	MANGARBIA, Joseph
STREET ADDRESS	12615 LACEY DR.	3.3 STREET ADDRESS	9842 Richmond Ln
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	TD	4.1 TITLE	TREASURER (Director) D
NAME	LEHR, JOSEPH	4.2 NAME	Sudzina, EDNAAD
STREET ADDRESS	13117 SHERIDAN DR.	4.3 STREET ADDRESS	1400 KINSMERE DR
CITY-ST-ZIP	BAYONET POINT FL	4.4 CITY-ST-ZIP	New Port Richey, FL 34665
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001763775
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/01/96--01014--010
TITLE		6.1 TITLE	***\$61.25
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	M-M
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3-29-96

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 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 an attachment with an address.

SIGNATURE: Ed Sudzina Ed Sudzina

7/06/96 (813) 376-4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)