

2-5-97 B-1405 C
 FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13137 (7)

1. Corporation Name
COLUMBIAN #1, INC.



Principal Place of Business 5850 KOFC DRIVE PORT RICHEY FL 34688	Mailing Address P O BOX #368 PORT RICHEY FL 34673-0368 US
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3. Date Incorporated or Qualified 01/16/1986	3a. Date of Last Report 03/29/1996
4. FEI Number 59-3059658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent ALTMAN, JAMES J 5539 DELAWARE AVE NEW PT RICHEY FL 34652	10. Name and Address of New Registered Agent
	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESANTIS, RUDOLPH		1.2 NAME Edward Sudzina	
STREET ADDRESS 9202 GLEN MOOR LN.		1.3 STREET ADDRESS 1400 KINSMERE DR	
CITY-ST-ZIP PORT RICHEY FL 34688		1.4 CITY-ST-ZIP New Port Richey, FL 34655	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSUTTIL, JOSEPH		2.2 NAME GEORGE BARKER	
STREET ADDRESS 7804 BROOKRIDGE DR		2.3 STREET ADDRESS 7708 Abbott Ct	
CITY-ST-ZIP PORT RICHEY FL		2.4 CITY-ST-ZIP New Port Richey, FL 34654	
TITLE VP/D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANGARELLA, JOSEPH		3.2 NAME HARRY COYLE	
STREET ADDRESS 9842 RICHWOOD LN.		3.3 STREET ADDRESS 3512 NORLAND CT	
CITY-ST-ZIP PORT RICHEY FL 34688		3.4 CITY-ST-ZIP HOLIDAY, FL 34691	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUDZINA, EDWARD		4.2 NAME JOSEPH KAPIAOS	
STREET ADDRESS 1400 KINSMERE DR.		4.3 STREET ADDRESS 6034 SEABREEZE DR	
CITY-ST-ZIP NEW PORT RICHEY FL 34655		4.4 CITY-ST-ZIP PORT RICHEY, FL 34668	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Sudzina **Edward Sudzina 1-23-97 (813) 848-6566**

CR2E037 (9/96)