SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # No. Corporation Name

1997

N95000004439 (4)

COLUMBUS COMMITTEE, INC.

Principal Plac	e of Business	Mailing Address			T AND HAIR DIN TOLD IN HELD IN THE STATE OF	DAX BB	
2840 NW BOCA RATON BLVD. STE 2010 2840 NW BOCA RATON BLV BOCA RATON FL 33431 STE 201C BOCA RATON FL 33431 US			D		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 09/18/1995	3a. Date of Last Report 04/23/1996	
	lace of Business	2a. Mailing Address 26 7998 Exa			4. FEI Number	Applied For	
21 7998	TEXAS TRAIL	26 7998 EXA	IS TRAIL		NOT APPLICABLE	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	a RATON, FL.	City P Ctoto	on, FL.		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Country		Trust Fund Contribution	Added to Fees	
24 334		29 33487 3	o Palm Sc	404	8. This corporation owes or has pail Personal Property Tax due June	30. 🗌 Yes 🔀 No	
					10. Name and Address of New Registered Agent		
				81 Name			
HENLEY 322 BAN	82 Stree	t Addres	ess (P.O. Box Number is Not Acceptable)				
	83	<u> </u>					
11,011	ALM BEACH FL 33401						
			84 City			FL 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 hoard of directors. Thereby accept the appointment as registered							
agent. I am lamiliar with, and accept the obligations of, Section 617.0503, 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		13.		ADDITIONS/CHANGES TO OFFICE	1	
TITLE	STD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	Testa, a e		1.2 NAME				
STREET ADDRESS	POST OFFICE BOX 4297		1.3 STREET ADDRESS	3			
CITY-ST-ZIP	BOYNTON BEACH FL 33424		1.4 CITY - ST - ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE			Change Addition	
NAME	ADAMS, ALVIN		2.2 NAME		non ment ton	/	
STREET ADDRESS	2840 NW BOCA RATON BLVD	STE 201-C	2.3 STREET ADDRESS	177	798 TEXAS TRAI	23/04	
CITY-ST-ZIP	BOCA RATON FL 33431	Doute	2.4 CITY-ST-ZIP	/5	CA RATON, PL	3348/	
TITLE NAME	Y FACK MADZILIANO	L DELETE	3.1 TITLE		• •	Change Addition	
STREET ADDRESS	JACK MARZILIANO 9920 NW 44TH CT		32 NAME	. 1			
	SUNRICE FL		3.3 STREET ADDRESS	;			
CITY-ST-ZIP TITLE	RS SUMMOE PL	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			Change	
NAME	ROSALIE ADAMS	beerie	4.1 MLC				
STREET ADDRESS	7998 TEWAS TRAIL		4.3 STREET ADDRESS	17	998 TEXAS TEA	716	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY - ST- ZIP	130	XA RATON, FL.3	3487	
TITLE	D	DELETE	5.1 TITLE	1		Change Addition	
NAME	SALVATORE COSENTINO	-	5.2 NAME	-			
STREET ADDRESS	23357 LAGO DEL MAR CR		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		1	☐ Change ☐ Addition	
NAME			62 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 trusted 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 the flactment with an address.