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Feb 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006426 (8)

1. Corporation Name

COLUMBIA HOUSE, INC.



Principal Place of Business

Mailing Address

9995 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410

9995 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410-5480

3. Date Incorporated or Qualified
12/17/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0719503

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

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 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 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 MCMAHON, MONSIGNOR J
STREET ADDRESS 370 SW THIRD STREET
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MURPHY, RICHARD
STREET ADDRESS P.O. BOX 109850 N/A
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-9850

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME CHARPENTIER, MARCEL
STREET ADDRESS P.O. BOX 109850 N/A
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-9850

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ZALOOM, BASIL J
STREET ADDRESS P.O. BOX 109850 N/A
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-9850

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CRAMSIE, WILLIAM J
STREET ADDRESS 2780 TIMBERCREEK CIR
CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DOUCETTE, MARGARET
STREET ADDRESS 5570 KUMQUAT ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33413

6.1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcel O. Charpentier* MARCEL O. CHARPENTIER 2/24/97 561-775-9560

CR2E037 (9/96)