FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JAN 24 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25201 (5)

1. Corporation Name
COLUMBIA ART STORE EQUIPMENT CO.

Principal Place of Business	Mailing Address
10 SOUTH INMAN AVENUE AVENEL NJ 07001	10 SOUTH INMAN AVENUE AVENEL NJ 07001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1989	3a. Date of Last Report: 06/15/1994
4. FEI Number: 22-1404180	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

RUBIN, ANDREW S.
18425 N.W. 2ND AVE., SUITE 305
MIAMI FL 33169

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	Sec./Treas.	1.1 TITLE	☐ Change ☐ Addition
NAME	DYKMAN, ARTHUR	1.2 NAME	
STREET ADDRESS	6 LANGTREE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	DYKMAN, EVALYN S.	2.2 NAME	000001391320
STREET ADDRESS	6 LANGTREE DRIVE	2.3 STREET ADDRESS	-01/27/95--01054--012
CITY-ST-ZIP	LIVINGSTON NJ	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	Pres.	3.1 TITLE	☐ Change ☐ Addition
NAME	DYKMAN, ROBERT A.	3.2 NAME	
STREET ADDRESS	98 BLACKSTONE DT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	555 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1/24/95
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: _____ 1-16-95 908-855-0900
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

03P4070 FP