

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **P39331 (4)**
 1. Corporation Name
COLUMBIA LAND AND DEVELOPMENT CORPORATION

Principal Place of Business: C/O TERENCE R. MCAULIFFE, 1341 G STREET, N.W., 2ND FLOOR, WASHINGTON DC 20005
 Mailing Address: C/O TERENCE R. MCAULIFFE, 1341 G STREET, N.W., 2ND FLOOR, WASHINGTON DC 20005

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/22/1992		04/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		52-1773787		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		25		29		30	
Country		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
F & L CORP. GREENLEAF BUILDING, THIRD FLOOR 200 LAURA STREET JACKSONVILLE FL 32201-0240				81 Name Swann, Hadley, Denion & Alvarez			
				82 Street Address (P.O. Box Number is Not Acceptable) 1031 W. Morse Blvd.;			
				83 Suite 270			
				84 City Winter Park		85 State FL	

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: *Ralph V. Hadley, III*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, TERENCE R.	1.2 NAME	
STREET ADDRESS	%1341 G STREET, N.W.	1.3 STREET ADDRESS	
CITY- ST- ZIP	WASHINGTON DC	1.4 CITY- ST- ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, DOROTHY S.	2.2 NAME	
STREET ADDRESS	%1341 G STREET, N.W.	2.3 STREET ADDRESS	
CITY- ST- ZIP	WASHINGTON DC	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANN, CHRISTIAN M	3.2 NAME	
STREET ADDRESS	1031 W MORSE BLVD, STE 200	3.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 a member 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 if changed, or on an attachment with an address.

SIGNATURE: *Christian M. Swann*
 Signature, typed or printed name of signing officer or director (State) (Type in Title #)
 Christian M. Swann, VP (407)647-2777