


FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000074135 (3) 1. Corporation Name COLUMBIA FINANCIAL COMPANY		
Principal Place of Business 108 PARK PLACE BLVD KISSIMMEE FL 34741 US	Mailing Address 108 PARK PLACE BLVD KISSIMMEE FL 34741 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3208597		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SWANN, HADLEY D P.A. 1031 W.MORSE BLVD SUITE 270 WINTER PARK FL 32789				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 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	D/C	1.1 TITLE	S/T
NAME	MCAULIFFE, TERENCE R	1.2 NAME	KOON, DAVID A.
STREET ADDRESS	1341 G ST. N.W., STE. 200	1.3 STREET ADDRESS	108 PARK PLACE BOULEVARD
CITY-ST-ZIP	WASHINGTON DC 20005	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D	2.1 TITLE	D
NAME	EVANS, JAMES	2.2 NAME	VICTOR FULLER
STREET ADDRESS	PROVIDENT TOWER SUITE 919, ONE EAST 4TH ST	2.3 STREET ADDRESS	2699 S. Bayshore Drive, Suite 900E
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	DP	3.1 TITLE	
NAME	MILLER, RODGER M.	3.2 NAME	
STREET ADDRESS	PROVIDENT TOWER SUITE 919, ONE E. 4TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	
NAME	LAGUARDIA, JOHN	4.2 NAME	
STREET ADDRESS	108 PK PLACE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	
NAME	LAWSON, BETTY	5.2 NAME	
STREET ADDRESS	108 PK PLACE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	VP / D	6.1 TITLE	
NAME	SWANN, RICHARD R.	6.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD SUITE 2270	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)