



PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000074135**

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

3. Date Incorporated or Qualified

**10/26/1993**

4. FEI Number

**59-3208597**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SWANN, HADLEY & Alvarez, 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

**FL**

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 who files if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | DC                                       | <input type="checkbox"/> DELETE |
| NAME           | MCAULIFFE, TERENCE R                     |                                 |
| STREET ADDRESS | 1341 G ST. N.W., STE. 200                |                                 |
| CITY-ST-ZIP    | WASHINGTON DC 20005                      |                                 |
| TITLE          | ST                                       | <input type="checkbox"/> DELETE |
| NAME           | KOON, DAVID A                            |                                 |
| STREET ADDRESS | 108 PARK PLACE BLVD                      |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34741                       |                                 |
| TITLE          | DP                                       | <input type="checkbox"/> DELETE |
| NAME           | MILLER, RODGER M.                        |                                 |
| STREET ADDRESS | PROVIDENT TOWER SUITE 919, ONE E. 4TH ST |                                 |
| CITY-ST-ZIP    | CINCINNATI OH                            |                                 |
| TITLE          | D  | <input type="checkbox"/> DELETE |
| NAME           | FULLER, VICTOR                           |                                 |
| STREET ADDRESS | 2699 S BAYSHORE DR, SUITE 900E           |                                 |
| CITY-ST-ZIP    | MIAMI FL 33133                           |                                 |
| TITLE          | VPD                                      | <input type="checkbox"/> DELETE |
| NAME           | SWANN, RICHARD R.                        |                                 |
| STREET ADDRESS | 1031 W. MORSE BLVD SUITE 2270            |                                 |
| CITY-ST-ZIP    | WINTER PARK FL                           |                                 |
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Daytime Phone #

CR2E034 (1/98)