## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

Į

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P94000065549 (5)

COLUMBIS BROTHERS MARKET, INC.

Principal Place of Business Mailing Address 12397 SHERIDAN STREET 12397 SHERIDAN STREET COOPER CITY FL 33026 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0210495 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** COLUMBIS, MICHAEL Name 2311 ISLAND DR B2 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 R3 R4 City Zip Code 11. Pursuant to the provisions of Sociions 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change COLUMBIS, MICHAEL NAME 1.2 NAME 2311 ISLAND DR STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE THOMAS, STEPHEN NALAF 22 NAME 551 NW 205 AVENUE STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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, seein an attachment with an address. SIGNATURE:

DELETE

Change

Addition

**FILED** 

Apr 09 1998 8:00am

Secretary of State