

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000056647 (7)

1. Corporation Name

COLONY ACQUISITION CORPORATION



Principal Place of Business

Mailing Address

334 ATLANTIC ISLE
MIAMI FL 33160

334 ATLANTIC ISLE
MIAMI FL 33160

3. Date Incorporated or Qualified 07/21/1995
3a. Date of Last Report

2. Principal Place of Business
21 730 W. Broward Blvd.

2a. Mailing Address
26 730 W. Broward Blvd.

4. FEI Number 65-0596367
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 33312

25 Country Broward

29 Zip 33312

30 Country Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2626~~

81 Name Bart A. Houston
82 Street Address (P.O. Box Number is Not Acceptable) 100 N.E. Third Avenue Suite 850
83 City Ft. Lauderdale FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.050 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 607.055, Florida Statutes.

SIGNATURE *Bart Houston* Bart Houston

2-20-96 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DENBERG, ROBERT L | |
| STREET ADDRESS | 334 ATLANTIC ISLE | |
| CITY-ST-ZIP | MIAMI FL 33160 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SCHOLL, GEORGE H JR. | |
| STREET ADDRESS | 334 ATLANTIC ISLE | |
| CITY-ST-ZIP | MIAMI FL 33160 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEL MONICO, DIONE | |
| STREET ADDRESS | 334 ATLANTIC ISLE | |
| CITY-ST-ZIP | MIAMI FL 33160 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DenberG, Robert L. | |
| 1.3 STREET ADDRESS | 730 W. Broward Blvd. | |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33312 | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Scholl, George H., Jr. | |
| 2.3 STREET ADDRESS | 730 W. Broward Blvd. | |
| 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33312 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Bart A. Houston | |
| 3.3 STREET ADDRESS | 100 N.E. Third Avenue, Suite 850 | |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33301 | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bart Houston* Bart Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 (305) 779-3800
DATE DAYTIME PHONE #

CR2E034 (12/95)