


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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 995000088451			
1. Corporation Name Colburn, Inc.			
Principal Place of Business 425 Bayshore Drive Ft Lauderdale, FL 33304		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 28 425 Bayshore Drive Suite, Apt. #, etc.	
23 City & State 24 Zip		27 City & State 29 Ft Lauderdale FL 30 Zip 33304	
25 Country		31 Country	
3. Date Incorporated or Qualified		3a. Date of Last Report	
November 17, 1995			
4. FEI Number 043209868		65-0623453	
5. Certificate of Status Desired		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution		8.75 Additional Fee Required	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent William C. Martin 425 Bayshore Drive Ft Lauderdale FL 33304		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		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 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			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
14. I do 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.		6000024289115 -02/11/98--01088--020 ***165.00	
SIGNATURE: 		WILLIAM C. MARTIN 12/20/97 954 563-2685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)