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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068625 (8)

1. Corporation Name
COLUMBUS MANAGEMENT I CORP.



Principal Place of Business

4000 KINGSTON TERRACE
SARASOTA FL 34238

Mailing Address

4000 KINGSTON TERRACE
SARASOTA FL 34238-2632

3. Date Incorporated or Qualified
08/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 1800 Second St.

2a. Mailing Address

26 1800 Second St.

4. FEI Number
59-3396302

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite #758

Suite, Apt. #, etc.

27 Suite #758

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

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

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

Zip

24 34236

Country

25 USA

Zip

29 34236

Country

30 USA

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

9. Name and Address of Current Registered Agent

STANKEE, GLEN A
4000 KINGSTON TERRACE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name Anthony R. DiRosario
82 Street Address (P.O. Box Number is Not Acceptable) 4339 Bowling Green Circle
83
84 City Sarasota FL 85 Zip Code 34233

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 607.0503, Florida Statutes.

SIGNATURE

Anthony R. DiRosario

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 1997

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STANKEE, GLEN A	
STREET ADDRESS	4000 KINGSTON TERRACE	
CITY-ST-ZIP	SARASOTA FL 34238	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony R. DiRosario	
1.3 STREET ADDRESS	4339 Bowling Green Circle	
1.4 CITY-ST-ZIP	Sarasota, FL 34233	
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 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.

SIGNATURE:

Anthony R. DiRosario

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1997

Date

941 346 0199

Daytime Phone #

CR2E034 (9/96)