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FILED
Apr 23 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 # P96000071469 (6)

1. Corporation Name
COLUMBINE, INC.



Principal Place of Business

1120 53RD AVE EAST #79
BRADENTON FL 34203

Mailing Address

1120 53RD AVE EAST #79
BRADENTON FL 34203-4881

3. Date Incorporated or Qualified
08/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 6350 N. Lockwood

Suite, Apt. #, etc.

22 Suite #800 FL

City & State

23 Sarasota, FL

Zip

24 34243

Country

25 USA

2a. Mailing Address

26 6350 N. Lockwood

Suite, Apt. #, etc.

27 Suite #800

City & State

28 Sarasota, FL

Zip

29 34243

Country

30 USA

4. FEI Number

65-0711342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

LEE, GARY
1120 53RD AVE EAST #79
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name

Lee, Gary

82 Street Address (P.O. Box Number is Not Acceptable)

6350 N. Lockwood

83

Suite 800

84 City

Sarasota

FL

85 Zip Code

34243

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

Gary L. Lee
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS LEE, GARY
CITY-ST-ZIP 1120 53RD AVE EAST #79
BRADENTON FL 34203

TITLE ☐ DELETE

NAME VD
STREET ADDRESS LEE, VICTORIA L
CITY-ST-ZIP 1120 53RD AVE EAST #79
BRADENTON FL 34203

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PSTD
1.3 STREET ADDRESS Lee, Gary
1.4 CITY-ST-ZIP 6350 N. Lockwood
Sarasota, FL 34243

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VD
2.3 STREET ADDRESS Lee, Victoria L.
2.4 CITY-ST-ZIP 6350 N. Lockwood
Sarasota, FL 34243

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

4-17-97 (041) 351-8868

CR2E034 (9/96)