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- A 188 (1884) MAR (1814) ARINI ORDINA RANKA ORDINA ORDINA ORDINA ORDINA (1815) MARINI (1814) MARINI

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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT 1999	Secretary of State DIVISION OF CORPORATIONS	99161121	EH0: 4:8
DOCUMENT # PC 1. Corporation Name COLOMON & FORBES IN		MACH.	

Principal Place of Business	Mailing Address						
3910 NORTHDALE BLVD. TAMPA FL 33624	3910 NORTHDALE BLVD. TAMPA FL 33624		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or 0 05/07/1998		IIO OF ACE	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	_	Applied For	
21 Robert Kolodner	26 Sque			593512	2109	Not Applicab!	
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Di		\$8.75 Additional Fee Required	
Crty & State	City & State			6. Election Campaign Fir Trust Fund Contribute	- 11	\$5.00 May Be Added to Fees	
Zip Country	Zip C	Country		8. This corporation owes	the current year	Intanç ble	
24]25	29 30			Personal Property Tax	•	[Yes []No	
9. Name and Address of	Current Registered Agent			10. Name and Address	of New Register	ed Ag nt	
KOLODNER, ROBERT I 3910 NORTHDALE BLVD.		81	Name				
		82	82 Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33824		83					
		84	City		 F	85 Zip Code	
office or registered agent, or hoth, in the	507.0502 and 607.1508, Florida Statutes, the estate of florida. Such change was authorize obligations of, Section 607.0505, Florida Statuted agent and first applicable.	zed by					

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS [| DELETE TITLE [| Change NAME 400002892424--5 -06/02/99--01044--023 STREET ADDRESS 13 STREET ADORESS ****150.00 ****150.00 [] Change [] Addit 14 CITY- \$1-7# CITY-ST-ZIP [] DELETE TITLE 2.1 THUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CHY-\$1-ZF [] DELFTE TITLE 3 1 TITLE [] Change [] Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP [] DELETE TITLE 4 1 T:TLE [| Change ☐] Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-S1-7IP DELETE [] Addition TITLE 51 TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-2IF [] DELETE 61TIFLE [] Change TITLE [| Addition 62NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this fitting 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 accusate and that my signature shall have the same legal effect as if made under valte, that I am an officer or director of the coeparation or the receiver of trustee empowered to expect this report as required by Chapter 607. Florida Statutes, and that my rame appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: