**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000049152

CTTT COLUMBUS, INC.

## Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90124 036 \*\*\*150.00

Principal Place of Business Mailing Address							-			Office sint can
3250 MARY ST	•	3250 MARY ST SL	3250 MARY ST SUITE 203							
MIAMI FL 33133		MIAMI FL 33133				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							06/02/1998			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For
21		26					65-0862840	_	No	t Applicable
Suite, Apt.	#, etc.	_+	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27					5. Certificate of Status Desired		Fee Re	equired
City & State	e	City & State					6. Election Campaign Financing	ı	\$5.00	
23	<u> </u>	28					Trust Fund Contribution		Added 1	to Fees
Zip	Country Zip			Country			8. This corporation owes the current y		ngible □ Yes	□No
24	25	29	30	_			Personal Property Tax.  10. Name and Address of New Regis			
	9. Name and Address of Curren	it Registered Agent		81	Nan	ne	10. Name and Address of New York	roiou A	your	_
SCH	ATZ, RICHARO E									
2200 MUSEUM TOWER				82	Stre	et Addre	ss (P.O. Box Number is Not Acceptable)			
	W FLAGLER ST					···				
MIAMI FL 33130				83					T==1 =.	
,,,,,,,,,,				84	City			FL	85 Zip (	Code
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang ations of, Section 607.0	ge was authoriz 0505, Florida S	zed by tatutes	tne co	rporation	ration submits this statement for the purp's board of directors. I hereby accept the	appoint	ment as re	gistered
	Signature, typed or printed name of registered age	nt and title if applicable.  ND DIRECTORS	_ <del>`</del> _	3.	nt signati	re required	when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
12.		DIRECTORS DE		1 TITLE			7,007,1010,010,010,010		Change	Addition
NAME	D   Weiser, Bradley A		1	2 NAME						
STREET ADDRESS	3250 MARY ST SUITE 203		•	3 STREE	TADDRE	ss				
CITY-ST-ZIP	MIAMI FL 33133			4 CITY-S			•			
TITLE	IMIAMI LE 00100	□ DF		1 TITLE					Change	☐ Addition
NAME			2.5	2 NAME						
STREET ADDRESS	· .		2.	3 STREE	T ADDRE	ss				
CITY-ST-ZIP			2.	4 CITY-S	ST-ZIP		<u> </u>			
TITLE		☐ DF	ELETE 3.	1 TITLE					Change	☐ Addition
NAME			3.	2 NAME						
STREET ADDRESS	·		3.	3 STREE	T ADDRE	ss				
CITY-ST-ZIP	·			4. CITY-S	ST-ZIP				Character	Addition
TITLE		∐ DE		1 TITLE					☐ Change	
NAME			l l	2 NAME		Į.			•	
STREET ADDRESS				3 STREE		SS				•
CITY-ST-ZIP				4 CITY-S	ST-ZIP_				☐ Change	Addition
TITLE		L1 D6		2 NAME						
NAME				3 STREE	TADOR	ss				ļ
STREET ADDRESS	,			4 CITY-S						
CITY-ST-ZIP TITLE				1 TITLE					☐ Change	☐ Addition
NAME				2 NAME						}
STREET ADDRESS			6.	3 STREE	T ADDRI	:SS				
OTREET ADDRESS						- 1				

14. I 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 supplied ental 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 of 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, with all other like empowered.

**SIGNATURE:**