

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

MAY - 1 AM 8:34

**DOCUMENT # S41052 (9)**

**COLUMBAS ENTERPRISES, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**1. Principal Office of Business:**  
801 LAUREL OAK DR  
SUITE 640  
NAPLES FL 33963

**Maining Address:**  
801 LAUREL OAK DR  
SUITE 640  
NAPLES FL 33963

**3. Date Incorporated or Qualified:** 03/25/1991  
**3a. Date of Last Report:** 04/22/1994

**4. FEI Number:** 65-0253709  
**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. 193.001, Florida Statutes:**  Yes  No

**2. Principal Place of Business:**

**21. State:** FL  
**22. City & State:**

**2a. Mailing Address:**

**26. State:** FL  
**27. City & State:**

**23. City & State:**

**28. City & State:**

**24. County:** **25. County:** **29. County:** **30. County:**

**9. Name and Address of Current Registered Agent:**  
WOODWARD, MARK J.  
801 LAUREL OAK DR  
SUITE 640  
NAPLES FL 33963

**10. Name and Address of New Registered Agent:**

**B1. Name:**  
**B2. Street Address (P.O. Box Number is Not Acceptable):**  
**B3. City:**  
**B4. City:** **B5. Zip Code:** FL

**11. Pursuant to the provisions of Sections 607.0401 and 607.1008, 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 a registered agent, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	DP FERRAO, AUBREY J. 4001 TAMiami TRAIL N., STE. 350 NAPLES FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, for the information stated to have been filed in 1995. I have no knowledge that the information furnished on this filing is or was untrue or fraudulent and that any signatures shall have the same legal effect as if made under oath. That I am an officer or director of the corporation. The removal of a director is approved by me for this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this filing. I am familiar with an address.**

**SIGNATURE:** *Aubrey J. Ferrao* **Aubrey J. Ferrao** 1/25/95 813-434-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR