

FILED

May 12 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 # S41052		(9)	
1. Corporation Name COLUMBAS ENTERPRISES, INC.			
Principal Place of Business		Mailing Address	
801 LAUREL OAK DR SUITE 640 NAPLES FL 33909 34108		801 LAUREL OAK DR SUITE 640 NAPLES FL 34108-2707	
2. Principal Place of Business		2a. Mailing Address	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Suite, Apt. #, etc.		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Suite, Apt. #, etc.	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> City & State		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> City & State	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Zip Country		<div style="border: 1px solid black; width: 100%; height: 20px;"></div> Zip Country	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
9. Name and Address of Current Registered Agent			
WOODWARD, MARK J. 801 LAUREL OAK DR SUITE 640 NAPLES FL 33909 34108			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officer, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input type="checkbox"/> DELETE	13.
NAME	FERRAO, AUBREY J.		1.1 TITLE
STREET ADDRESS	4001 TAMiami TRAIL N., STE. 350		1.2 NAME
CITY-ST-ZIP	NAPLES FL 34103		1.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	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 Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			