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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

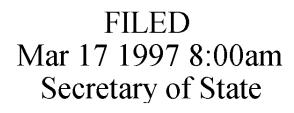
Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11885

(3)

COLUS, INC.





Principal Place of Business		Mailing Address				E 1880) DITORI TIRRI TIRRI ERIRI TOTAL TOTAL ANDIN ATORI BIRIT ELRI DIELL DIRIL BIRIL BIRIL ATORI					
3340 PLACIDA ENGLEWOOD F US		3340 PLACIDA ROAD ENGLEWOOD FL 34224-9 US	9009			1					
						3. Date Incorporated or Qualified 02/05/1992	3a. Dat	e of Last 5/199 6			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable			
22]	#, etc.	<u>-</u>				5. Certificate of Status Desired			Additional Required		
City & State	e	City & State				6. Election Campaign Financing			-		
23		28				Trust Fund Contribution	\$5.00 May Be				
Zip	Country Zip		Cour			8. This corporation has liability for i					
24	25					Florida Statutes Yes No					
	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	stered A	gent			
	LOM, PAUL			81	Name						
	PLACIDA ROAD			82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)				
ENG	LEWOOD FL 34224										
				83							
				84	City		p=1	85 Z	p Code		
44 Dureuent 6	to the provinions of Costions 607 0L	22 and 607 1609. Elorida State	don the of]]	. vomed am	rporation submits this statement for the pu	FL	<u> </u>	9		
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by	the corpor	ation's board of directors. I hereby accep	the appo	intment a	j its registered as registered		
	m tamiliar with, and accept the oblig	pations of, Section 607.0505, F	lorida Stat	lules							
SIGNATURE	Signature, typed or pointed name of registered ag-	ent and life if apolecable (NC	DIL Registeres	d Age	r.t signature rec	Dired whon reinstating)	DATE				
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 12		
TITLE	D	DELL HE	1.1 71	Tt F			I	Change	Addition		
NAME	COLLOM, PAUL		1.2 N/	AME:							
STREET ADDRESS	3320 BOURBON STREET		1.3 ST	IREET	ADDRESS						
CITY-ST-ZIP	ENGLEWOOD FL	The same			1 - ZIP	· · · · · · · · · · · · · · · · · · ·					
TITLE	D LUCCENDEN DOBERT	☐ DELETE	2111				L	_] Change	: L Addition		
NAME	LUSSENDEN, ROBERT L 2888 PINE COVE DRIVE		22N								
STREET ADDRESS	ENGLEWOOD FL		. I		ADDRESS						
CITY-ST-ZIP TITLE	LINGLEWOOD I L	DITEIE	2. 4 C 3.1 TC		1 · ZIP		_	Change	e		
NAME			3.2 NA				L		; Audition		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			3.4. C			•					
TITLE		DETEAT	4.1 10				T	Change	Addition		
NAME			4. 2 N	AME			•				
STREET ADDRESS			4 3 \$1	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-\$1	-7iP						
TITLE		DELETE		5.1 TIT(F			[Change	Addition		
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 \$1	REET.	ADDRESS						
CITY-ST-ZIP		· ·· · · · · · · · · · · · · · · · · ·	5.4 CI	1y - \$1	- 200						
TITLE		☐ DULETE	6.1 10	TLF	7		I	Change	Addition		
NAME			G.2 NA	AME							
STREET ADDRESS			6.3 ST	REET .	ADDRESS						
CITY-ST-ZIP			6 4 Ci	1y · S)	- 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. 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 offect 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 it enarged, or on an attachment will empeddess.

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