

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G60005** (7)

1. Corporation Name

SEASONAL COLORS, INCORPORATED



Principal Place of Business

**3200 N FED. HWY #124
FT. LAUDERDALE FL 33306**

Mailing Address

**3200 N FED. HWY #124
FT. LAUDERDALE FL 33306**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**GOLDFIELD, DAVID B.
3200 NORTH FEDERAL HIGHWAY
#124
FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified
09/19/1983

3a. Date of Last Report
02/17/1995

4. FEI Number
59-2524825

Applied For
☒ 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. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is registered agent of the corporation

Signature of the person who is authorized to change the registered office or registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PSD	GOLDFIELD, DAVID B.	3015N. OCEAN BLVD #10K	FT LAUDERDALE FL	☐
VTD	GOLDFIELD, SUZANNE	3015 N. OCEAN BLVD. E10-K	FT LAUDERDALE FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1.1	1.1 NAME	1.1 STREET ADDRESS	1.1 CITY-STATE-ZIP	☐	☐	☐
2.1	2.1 NAME	2.1 STREET ADDRESS	2.1 CITY-STATE-ZIP	☐	☐	☐
3.1	3.1 NAME	3.1 STREET ADDRESS	3.1 CITY-STATE-ZIP	☐	☐	☐
4.1	4.1 NAME	4.1 STREET ADDRESS	4.1 CITY-STATE-ZIP	☐	☐	☐
5.1	5.1 NAME	5.1 STREET ADDRESS	5.1 CITY-STATE-ZIP	☐	☐	☐
6.1	6.1 NAME	6.1 STREET ADDRESS	6.1 CITY-STATE-ZIP	☐	☐	☐
7.1	7.1 NAME	7.1 STREET ADDRESS	7.1 CITY-STATE-ZIP	☐	☐	☐
8.1	8.1 NAME	8.1 STREET ADDRESS	8.1 CITY-STATE-ZIP	☐	☐	☐
9.1	9.1 NAME	9.1 STREET ADDRESS	9.1 CITY-STATE-ZIP	☐	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I 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 effect 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 if changed, or on an attachment with an address.

SIGNATURE: **DAVID B. GOLDFIELD** *David B. Goldfield* **3.13 -96** **954-661-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)