

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005974 (0)**

1. Corporation Name

NEW COLOR PRESS, INC.

Principal Place of Business
**2185 N POWERLINE RD
POMPANO BEACH FL 33069**

Mailing Address
**2185 N POWERLINE RD
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/19/1992	3a. Date of Last Report 04/29/1994
4. FFI Number 65-0370260	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc. 22	26. State, Apt. #, etc. 27
23. City & State 24	28. City & State 29
25. Zip 25	30. Zip 30

9. Name and Address of Current Registered Agent

**LATZER, MARTHA
16276 BRIDLEWOOD CIR
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	LATZER, MARTHA	2. NAME	
STREET ADDRESS	16276 BRIDLEWOOD CIR	3. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL 33445	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	BARTEE, MINNIE	6. NAME	
STREET ADDRESS	2421 N.W. 13TH ST.	7. STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined in Section 199.03(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made on 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 of changed, or an attached with an address.

SIGNATURE: *Martina Latzer* **MARTHA LATZER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 305-960-1610