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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] MAY -1 AM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

## DOCUMENT # S24163 (5)

1. Corporation Name
**REDI-COLOR, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 880 SW 10TH AVENUE<br>BAY 7 R<br>POMPANO BEACH FL 33069<br>US | 880 SW 10TH AVENUE<br>BAY 7R<br>POMPANO BEACH FL 33069<br>US |

3. Date Incorporated or Qualified: **12/31/1990**
3a. Date of Last Report: **05/19/1994**

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

4. FEI Number: **65-0247035** — 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

**9. Name and Address of Current Registered Agent**

MARK, MARTIN
880 SW 10 AVE
BAY 7R
POMPANO BEACH FL 33069

**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 607.0502 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. Hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>MARK, MARTIN<br>880 SW 10TH AVENUE, BAY 7R<br>POMPANO BEACH FL | 1-1 TITLE<br>1-2 NAME<br>1-3 STREET ADDRESS<br>1-4 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | | 2-1 TITLE<br>2-2 NAME<br>2-3 STREET ADDRESS<br>2-4 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | | 3-1 TITLE<br>3-2 NAME<br>3-3 STREET ADDRESS<br>3-4 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | | 4-1 TITLE<br>4-2 NAME<br>4-3 STREET ADDRESS<br>4-4 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | | 5-1 TITLE<br>5-2 NAME<br>5-3 STREET ADDRESS<br>5-4 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | | 6-1 TITLE<br>6-2 NAME<br>6-3 STREET ADDRESS<br>6-4 CITY ST ZIP | ☐ Change ☐ Addition |

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)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplemental financial 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN C. MARK

1-31-95 (305)941-7660

0112204 CP