

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S24163 (5)

1. Corporation Name
REDI-COLOR, INC.



Principal Place of Business 880 SW 10TH AVENUE BAY 7 R POMPANO BEACH FL 33069 US	Mailing Address 880 SW 10TH AVENUE BAY 7R POMPANO BEACH FL 33069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5731 NE 14TH AVE Suite, Apt. #, etc	2a. Mailing Address 26 5731 NE 14TH AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/31/1990	4. FEI Number 65-0247035
22 City & State 23 FORT LAUDERDALE FL	27 City & State 28 FORT LAUDERDALE FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33334 25 Country US	29 Zip 33334 30 Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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)
5149 NW 85 RD
 83
 84 City **CORAL SPRINGS** FL 85 Zip Code **33067**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE	NAME	MARK, MARTIN	STREET ADDRESS	880 SW 10TH AVENUE, BAY 7R	CITY-ST-ZIP	POMPANO BEACH FL
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5149 NW 85 RD
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600002512546
6.3 STREET ADDRESS	-05/06/98--01012--030
6.4 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **MARTIN C MARK 429.45 267 9292**

CR2E034 (10/97)