

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 593897 (2)

1. Corporation Name

COLORFORM CUSTOM LAB., INC.



Principal Place of Business

7017 TAFT STREET
HOLLYWOOD FL 33024

Mailing Address

7017 TAFT STREET
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified
11/20/1978

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 4269 N. STATE ROAD 7

2a. Mailing Address

26 4269 N. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAUDERDALE LAKES, FL

City & State

28 LAUDERDALE LAKES, FL

Zip

24 33319

Country

Zip

29 33319

Country

30

4. FEI Number
59-1980253

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

10. Name and Address of New Registered Agent

OVRIL CHONG YOU
7017 TAFT STREET
HOLLYWOOD, FLORIDA LP 33201

81 Name

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

6720 S.W. 20th STREET

83

84 City PLANTATION

FL

85 Zip Code

33317

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 officer 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CHIN, CORAL J
STREET ADDRESS 7816 RAMONA ST.
CITY-ST-ZIP MIRAMAR FL

1.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME KONG, PHILLIP
STREET ADDRESS 951 SW 96 AVE
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME YOU, CHONG OVRIL
STREET ADDRESS 4141 S W 58TH AVE
CITY-ST-ZIP DAVIE, FL 00000

3.1 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME KONG, PHILLIP D.
STREET ADDRESS 951 SW 96 AVE
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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)(k), 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:

P. Kong PHILLIP KONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

(954) 484-6737
Daytime Phone #

CR2E034 (12/95)