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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME STREET ADDRESS

(7)

COLOR TREND CORPORATION

Principal Plac	e of Business	Mailing Address				
,		•				
BOCA RATON FL 33487		1141 HOLLAND DR BOCA RATON FL 33487				
						E IN THIS SPACE
İ					3. Date Incorporated or Qualified	
9 Principal D	Place of Business	As Mailing Address			06/29/1979 4. FEI Number	1 learness
· ·	face of business	2a. Mailing Address				Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2041009	Not Applicable \$8.75 Additional
22		27			Certificate of Status Desired	Fee Regulred
Crty & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has pa	aid the current year Intengible
24	25		30		Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Ro	agistered Agent
RE	BERSON, DAVID W.		81	Name		
	91 NW 25TH ST.		62	Street Ad	dress (P.O. Box Number is Not Accepta	ible)
BO	OCA RATON FL 33431		83	<u> </u>	·	
				<u> </u>		
			84	City		FL 85 Zip Code
agent. I a SIGNATURE	am familiar with, and accept the oblig	pations of, Section 607.0505, Floi	rida Statute REIER	is. LSON	pilon's board of directors. I kereby acce	PR. 28, 1998
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PD	☐ DELETE	1.1 TITLE	ŀ		Change Addition
NAME	REIERSON, DAVID W.		1.2 NAME	ļ		
STREET ADDRESS	2491 NW 25TH ST.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	T locuste	1.4 CITY-	ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE			☐ Change ☐ Addition
NAME	REIERSON, LINDA W. 2491 NW 25TH ST.		2.2 NAME			-
STREET ADDRESS	BOCA RATON FL		2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	BOOK HATON FE	DELETE	3.1 TITLE	St-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		- OTELIE	3.2 NAME			Compo Cyraditist
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			_
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY ST. TIP	ĺ		E & CITY	CT 210		į.

14. Thereby 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 suppliemental 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 trusted 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.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

A HDAVID W. REIERSIN

DELETE

Change

Addition

FILED

May 13 1998 8:00am

Secretary of State