

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 680573**

(3)

95 FEB 14 PM 12:16

1. Corporation Name

**AD COLOR PRINTING, INC.**

Principal Place of Business

10300 RIVERSIDE DRIVE  
C/O KENNETH ROGER COLEMAN  
PALM BEACH GARDENS FL 33410

Mailing Address

10300 RIVERSIDE DRIVE  
C/O KENNETH ROGER COLEMAN  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21** Suite, Apt. #, etc

2a. Mailing Address

**22** Suite, Apt. #, etc

2b. Suite, Apt. #, etc

**23** City & State

2c. City & State

**24** Zip

2d. Zip

**25** Country

2e. Country

3. Date Incorporated or Qualified  
**07/31/1980**

4a. Date of Last Report  
**06/28/1994**

Applied For  
 Not Applicable

4. EIN Number  
**59-2021797**

Additional  
Fee Required

5. Certificate of Status Dated  
**[ ]**

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  
 Added to Fees

\$5.00 May Be  
Added to Fees

7. The corporation has liability for intangible tax under S. 190.032,  
Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

**COLEMAN, KENNETH ROGER  
10300 RIVERSIDE DRIVE  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

|           |   |
|-----------|---|
| <b>81</b> | Name  |
| <b>82</b> | Street Address: P.O. Box Number is Not Acceptable |
| <b>83</b> |   |
| <b>84</b> | City <b>FL</b> Zip Code <b>85</b>                 |

11. Pursuant to the provisions of Section 607(7)(b) and 607(15)(g), 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(6)(b), Florida Statutes.

SIGNATURE:

*Kenneth R. Coleman*

12. OFFICERS AND DIRECTORS

|                       |                                 |                          |   |
|-----------------------|---------------------------------|--------------------------|---|
| <b>OFFICE</b>         | <b>PD</b>                       | <b>13.</b>               | <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>          |
| <b>NAME</b>           | <b>COLEMAN, KENNETH ROGER</b>   | <b>14. OFFICE</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> | <b>8260 NATIVE DANCER E.</b>    | <b>12 NAME</b>           |   |
| <b>CITY, ST, ZIP</b>  | <b>PALM BCH GRDS FL</b>         | <b>13 STREET ADDRESS</b> |   |
| <b>OFFICE</b>         | <b>S</b>                        | <b>14 CITY, ST, ZIP</b>  |   |
| <b>NAME</b>           | <b>COLEMAN, ROBERTA M</b>       | <b>21. OFFICE</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> | <b>722 7TH TERRACE</b>          | <b>22 NAME</b>           |   |
| <b>CITY, ST, ZIP</b>  | <b>PALM BCH GRDNS, FL 00000</b> | <b>23 STREET ADDRESS</b> |   |
| <b>OFFICE</b>         |                                 | <b>24 CITY, ST, ZIP</b>  |   |
| <b>NAME</b>           |                                 | <b>31. OFFICE</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> |                                 | <b>32 NAME</b>           |   |
| <b>CITY, ST, ZIP</b>  |                                 | <b>33 STREET ADDRESS</b> |   |
| <b>OFFICE</b>         |                                 | <b>34 CITY, ST, ZIP</b>  |   |
| <b>NAME</b>           |                                 | <b>41. OFFICE</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> |                                 | <b>42 NAME</b>           |   |
| <b>CITY, ST, ZIP</b>  |                                 | <b>43 STREET ADDRESS</b> |   |
| <b>OFFICE</b>         |                                 | <b>44 CITY, ST, ZIP</b>  |   |
| <b>NAME</b>           |                                 | <b>51. OFFICE</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> |                                 | <b>52 NAME</b>           |   |
| <b>CITY, ST, ZIP</b>  |                                 | <b>53 STREET ADDRESS</b> |   |
| <b>OFFICE</b>         |                                 | <b>54 CITY, ST, ZIP</b>  |   |
| <b>NAME</b>           |                                 | <b>61. OFFICE</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b> |                                 | <b>62 NAME</b>           |   |
| <b>CITY, ST, ZIP</b>  |                                 | <b>63 STREET ADDRESS</b> |   |
| <b>OFFICE</b>         |                                 | <b>64 CITY, ST, ZIP</b>  |   |
| <b>NAME</b>           |                                 |                          |   |
| <b>STREET ADDRESS</b> |                                 |                          |   |
| <b>CITY, ST, ZIP</b>  |                                 |                          |   |

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(2)(9)(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 and import under law, that I am an officer or director of the corporation or the receiver or trustee organized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 31, unchanged, or in my affiant's list with an address.

**SIGNATURE:** *Kenneth R. Coleman*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON LINE BELOW

2-9-95 409-622-2267

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