

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **850657** (8)

1. Corporation Name

**COLORTYME, INC.**



Principal Place of Business

Mailing Address

**1231 GREENWAY DR., SUITE 900  
IRVING TX 75038**

**1231 GREENWAY DR., SUITE 900  
IRVING TX 75038**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/08/1981**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**75-1738187**

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

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD  
KENT, MIKE**  
STREET ADDRESS **21640 CARGENA DRIVE**  
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME **PD  
FADEL, MITCHELL E**  
STREET ADDRESS **5701 YEARY**  
CITY-STATE-ZIP **PLANO TX**

TITLE ☐ DELETE

NAME **VP  
ECKERT, RICHARD L**  
STREET ADDRESS **639 POST OAK DRIVE**  
CITY-STATE-ZIP **COPPEL TX 75019**

TITLE ☐ DELETE

NAME **D  
JOHNSON, NED**  
STREET ADDRESS **500 E. MAIN**  
CITY-STATE-ZIP **BRANFORD CT 06405**

TITLE ☐ DELETE

NAME **TD  
TALLEY, BARRY E**  
STREET ADDRESS **2310 ESE LOOP 323**  
CITY-STATE-ZIP **TYLER TX 75652**

TITLE ☐ DELETE

NAME **CFOD  
TYLL, TYRONE H**  
STREET ADDRESS **4511 ISABELLA LANE**  
CITY-STATE-ZIP **DALLAS TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**DIRECTOR**

**CF0/T/S**

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:

**T.H. TYLL C.F.O.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)