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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

Division of Corporations

Tallahassee, FL 32399

409 E. Gaines St.

	,			
SUBJECT:	COLOR DMAGE	S, I NC ,		
Dear Sir or Madam:	t			
rionaa, Coninca	plication by Foreign Corp te of Existence", and che to transact business in Fig	oration for Authorization ack are submitted to regis orida.	to Transact ter the above	Business in referenced
Please return all corr	respondence concerning t	his matter to the following	;:	
	WILLIAM J. A (Name of Person) COLOR TMAGE (Firm/Company) 9301 MELLINGTON (Address)' TAMPA, FL (City, State and Zip Code	s, Inc N PARK GROLG 33647	\$0000 -01/09/35 *****78.	11878975 01081003 75 *****78.75
Should you need to d	call someone concerning t	his matter, please call:		
WILLIAM J.	erson) at (S	013) 973-7332 Code & Daytime Telephone Nun	nber	•
COURIER A	ADDRESS: n/Tax Lien Sec.	MAILING ADDRESS: Qualification/Tax Lien Sec	t 1/24	SECRETARY OF STA

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 10, 1995

WILLIAM J. APPEL COLOR IMAGES, INC. 9301 WELLINGTON PARK CIRCLE TAMPA, FL 33647

SUBJECT: COLOR IMAGES, INC. Ref. Number: W95000000638

We have received your document for COLOR IMAGES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Letter Number: 195A00001054

Freta Lott Corporate Specialist Supervisor

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned WILLIAM J. APPEL	_ , do hereby certify
that this Resolution of the Board of Directors of Color Timages	Inc.
a corporation duly organized and existing under the laws of the State of $\underline{\mathcal{L}}$	OKENHONA.
was duly adopted on JANUARY 17, 1995.	
Resolved, that COLOR TMAGES, INC.	organizod
and existing in the State of OKLAHOMA , hereby	
name FLORIDA COLOR IMAGES, INC. fo	r use in Hiorida.
Duted: JAHUARY 19, 1995	Dunel
Signature of of lanst of	na diractor

95 JAN 24 PHI2: 13

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: COLOR LMAGES, INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) 4. July 28, 1989 5. Perpetual (Duration: Year corp. Will cease to exist or "perpetual") 9301 WELLINGTON PARK CIRCLE PMPA, FLORIDA 33647
(Current mailing address) O MANUPACTURE, CELL & DISTRUIENTE PRODUCTS & REFORM LAWFUE SERVICES Purpose(s) of corpuration authorized in home state or country to be carried out in the state of Floridal. 9. Name and street address of Florida registered agent: Name: WILLIAM J. APPEL Office Address: 9301 WELLINGTON PARK CROLE , Florida , 33647 (Zip Code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: **DIRECTORS** Chairman: WILLIAM Vice Chairman: 1111424 Director: _ Address: _ Director: ___ Address: ____ ₿. **OFFICERS** President: WILLIAM J. APPEL Vice President: _MARY Secretary: MARY ELLEN APPEL Address: 9301 WELLINGTON PARK CIRCLE Treasurer: (人) ILLIAM Address: 9301 WELLINGTON PARY 1 AMIPA, FL 33647 NOTE: If necessary, you may attach an addendum to the application listing additional office. and/or directors. Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

