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FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H81559

(7)

1. Corporation Name  
ZEBRA-COLOR, INC.



Principal Place of Business

Mailing Address

1763 FIRST AVE.  
ST PETERSBURG FL 33713

1763 FIRST AVE.  
ST PETERSBURG FL 33713-6903

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/15/1985

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2589538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

VAN KESTEREN, GINNIE  
405 CENTRAL AVE, 6TH FL  
ST PETERSBURG FL 33710

81 Name

SAME

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

700 FIRST AVE, N

83

84 City

ST. PETERSBURG FL

85 Zip Code

33710

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 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 P  
NAME VAN KESTEREN, KELLY  
STREET ADDRESS 119 26TH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V  
NAME TAYLOR, BRUCE E.  
STREET ADDRESS 119 26TH AVE. N.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE SAME  
1.2 NAME  
1.3 STREET ADDRESS 2219 MIGUEL BAY DR.  
1.4 CITY-ST-ZIP TERRA CEIA, FL 34250

2.1 TITLE SAME  
2.2 NAME  
2.3 STREET ADDRESS 2219 MIGUEL BAY DR.  
2.4 CITY-ST-ZIP TERRA CEIA, FL 34250

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 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:

Kelly Van Kesteren

4-11-97

813/521-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0377942

CR2E034 (9/96)