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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

	1996		Secretary DIVISION OF C			
DOCUN 1. Corporation	MENT #	J85711	(6)			
COLO	OR OPTIONS, INC) .				
Principal Place	of Business	Ma	iling Address			
1600 CAPI	TAL CIRCLE, SW		1600 CAPITAL CIRCLE	. SW		
P.O. BOX			P.O. BOX 310 TALLAHASSEE FL 323			
US	SEE FL 32310		US		3. Date Incorporated or Qualified 08/05/1987	3a. Date of Last Report 03/27/1995
2. Principal Pla	ace of Business	<u>├</u>	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	#, etc.	26	Suite, Apt. #, etc.		59-2889039	Not Applicable \$8.75 Additional
22		27	, . , ,		5. Certificate of Status Desired	Fee Required
City & State		— — — — — — — — — — — — — — — — — — —	City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Countr	28	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29		30	8. This corporation has liability for Florida Statutes Yes	Intangible tax under s. 199.032,
	9. Name and Addre	ss of Current Regist	ered Agent		10. Name and Address of New F	Registered Agent
LOWE	FOLLIOFO OLOFY			81 Name		
	, Frances Casey Capital Circle, Sv	N.		82 Street	Address (P.O. Box Number is Not Acceptate	ole)
	HASSEE FL 32310	1		83		
				84 City		[and 3] Out
				- "		FL 85 Zip Code
Oi registere	ou auent, of both, in the	DUMBLOS FRONDS SUCH	Chance was allinobzed.	the above-named or by the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the app	rpose of changing its registered office ontinent as registered agent. Lam
tamıllar wit	h, and accept the obliga	itions of, Section 607.0	9505, Florida Statutes.	,		The state of the s
SIGNATURE _	Signature: typed or prrited name	of registered agent and title in ag	spikiable (NOTE.	Registered Agent signature	required withen reinstating)*	DATE
12.		PFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFF	
TITCE NAME	DC Archibald, Di	ELDCOT M	DELETE	1 1 TITLE		Change Addition
STREET ADDRESS	ROUTE 3, BOX			1.2 NAME 1.3 STREET ADDRESS		
CHTY-ST-ZIP	TALLAHASSEE			1.4 CITY - ST - ZIP		
TITLE	ST		DELETE	2 1 TIFLE	V/D	Change Addition
NAME	ARCHIBALD, KA	athy R.		2 2 NAME	'/ 2	
STREET ADDRESS	RT 3 BOX 745			2.3 STREET ADDRESS		
C/TY-ST-ZIP	TALLAHASSEE	FL	FI OTLETE	2 4 CITY+SI+ZIP		
TITLE NAME	P PRINCE, ROBE	OT C	☐ DELETE	3. 1 TITLE	DIP	Change Addition
STREET ADDRESS	1600 CAPITAL			3.3 STHEET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE			3.4 CITY - ST - ZIP		
TITLE			☐ DELETE	4 1 TIT: F	V/5	☐ Change 🔀 Addition
NAME				4.2 NAME	Frances Casevian	e
STREET ADDRESS				4.3 STREET ADDRESS	Frances Cosey Low 1600 Capital Circle TALL FLA 3231 b	300
CITY-ST-ZIP		·		4.4 CITY - ST - ZIP	TALL FLA 32316)
TITLE			□ DELETE	5 1 HILE	V/ D ,	Change 🔀 Addition
NAME STREET ADORESS				5.2 NAME	Ronald K. Sauls	
CITY-ST-ZIP				5.3 STREET ADDRESS	1600 Capital Circle	SW
TITLE			DELETE	5 4 CITY-ST-ZIP 6 1 TITLE	THU 'FL 32316	Change 🔀 Addition
NAME				6.2 NAME	Tom Sounding	, ,
STREET ADDRESS				6.3 STREET ADDRESS	Torn scarding livele	SW
CITY - ST - ZIP		W1 MA . WA . A . A . A		6.4 C+TY - S1 - Z+P	174LL FL 3231	U
14. I do hereby	y certify that the informal	tion supplied with this f	ling is voluntarily furnish	ed and does not qua	alify for the exemption stated in Section 119 ocurate and that my signature shall have the	.07(3)(k), Florida Statutes. I further

appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone # Orus 576