FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K07547 (8)

COLOR CORPORATION OF AMERICA, INC.						<u>. </u>	
Principal Place	e of Business	Mailing Address		·	-{	t Bibil Dibil Eldii Bibit Dibil i	
% C T CORPORATION SYSTEM 5410 WEST LAUREL TAMPA FL 33607		% C T CORPORATION SYSTEM 5410 WEST LAUREL TAMPA FL 33607			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
6 Oringinal D	lens of Business	D- Mailing Address			12/17/1987		
2. Principal Place of Business		2a. Mailing Address			4, FEI Number		olied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2860262		Applicable
22		27			5. Certificate of Status Desired	□ \$8.75 A	
City & State		City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 P	
Zip Country		Zip Country			8. This corporation owes or has pa		
24	25	├ ¬	90]		Personal Property Tax due June		No
	9. Name and Address of Currer		<u>~</u>		10. Name and Address of New Re		
CT CORPORATION SYSTEM				Name			
1200 S. PINE ISLAND ROAD			00	82 Street Addrass (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			82 8	orreer Addre	ass (P.O. Box Number is Not Acceptate	яв)]
PERINTON PE 00024			83				
			\ <u>.</u>	···			
			84 (City		FL 85 Zip C	ode
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 s'ty familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	S hature, typed or printed name of registrated ago	on and title if applicable (NOTE:	Registered Agent s	gnature require	d when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	3 IN 12
TITLE	D DELETÉ		1,1 TITLE			Change	☐ Addition
NAME	LINNE, STEVE		1.2 NAME				
STREET ADDRESS	2711 MIAMI		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. LQUIS MO		1.4 CITY-ST-2	IP			
TITLE			2.1 TITLE			Change	Addition
NAME	GOULD, WILLIAM R		2.2 NAME				
STREET ADDRESS	Am		2.3 STREET ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		2.4 CITY-ST-ZIP				
TITLE	D DELETE		3.1 TITLE			Change	Addition
NAME	Gould-Linne, Elizabeth		3.2 NAME				
STREET ADDRESS	2711 MIAMI		3.3 STREET ADDRESS				ļ
CITY-ST-ZIP	ST. LOUIS MO		3.4. CITY-ST-ZIP			<u> </u>	
TITLE	O DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME	BURKE, VERNON		4. 2 NAME				
STREET ADDRESS	5410 W LAUREL		4.3 STREET ADD	DRESS }			j
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-Z	IP .			
TITLE			5.1 TITLE			Change	Addition
NAME	Steffan, George		5.2 NAME				Ì
STREET ADDRESS	2711 MIAMI		5.3 STREET ADO	DRESS			
CITY-ST-ZIP	ST. LOUIS MO		5.4 CITY-ST-2	iP]			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				Į
STREET ADORESS			6.3 STREET ADD	neess			ľ

14. I 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.

FILED

Apr 09 1998 8:00am

Secretary of State