FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K70452** **(3)**

1. Corporation Name
COLORATION SYSTEMS, INC.

Principal Place of Business
15820 CHIEF COURT
FT. MYERS FL 33912

Mailing Address
15820 CHIEF COURT
FT. MYERS FL 33912

3. Date Incorporated or Qualified **03/06/1989**

3a. Date of Last Report **04/25/1995**

2. Principal Place of Business
21
State, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
State, Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number **65-0102456** 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

9. Name and Address of Current Registered Agent

PAUL, TERRANCE A.
15820 CHIEF COURT
FT. MYERS FL 33912

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

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE NAME STREET ADDRESS CITY-ST-ZIP	**DPTS** **TERRANCE, PAUL A** **15820 CHIEF COURT** **FT. MYERS FL**	☐ DELETE	11 TYPE 12 NAME: PAUL, TERRANCE A 13 STREET ADDRESS 14 CITY-ST-ZIP	☒ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	**V** **PAUL, TIMOTHY S** **15820 CHIEF COURT** **FT. MYERS FL**	☐ DELETE	21 TYPE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	31 TYPE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing 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 with an address.

SIGNATURE: TIMOTHY S PAUL 1-16-96 941-481-7270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #