FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:10

DOCUMENT # L02225 (5)

1. Corporation Name
COLOR-DEC INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1501 SW 5TH COURT STE. C P O BOX 273387 BOCA RATON FL 33427-0387	1501 SW 5TH COURT STE. C P O BOX 273387 BOCA RATON FL 33427-0387

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1989
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business (21): 90 Hickory Hill Rd
2a. Mailing Address (26): SAME
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): TEQUESTA, FL
City & State (28):
Zip (24): 33469
Country (25): PALM BEACH
Zip (29):
Country (30):

4. FEI Number: 65-0136719 ☐ 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

ANDERSON, W. SCOTT, JR.
1501 SW 5TH COURT
STE C
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name: Bel W. Scott Anderson Jr
82 Street Address (P.O. Box Number is Not Acceptable): 90 Hickory Hill Rd
83: Tequesta
84 City: Tequesta FL 85 Zip Code: 3346 9

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ANDERSON, W. SCOTT, JR.	1.2 NAME	W. Scott Anderson
STREET ADDRESS	1501 SW 5 CT STE C	1.3 STREET ADDRESS	90 Hickory Hill Rd
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Tequesta, FL-33469
TITLE	PST	2.1 TITLE	President ☒ Change ☐ Addition
NAME	ANDERSON, W. SCOTT, JR.	2.2 NAME	W. Scott Anderson
STREET ADDRESS	1501 SW 5 CT STE C	2.3 STREET ADDRESS	90 Hickory Hill Rd
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	Tequesta, FL-33469
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: W. Scott Anderson 2/3/95 407-575-1824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436781 FP