


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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L02225**
1. Corporation Name
COLOR-DEC INTERNATIONAL, INC.

(5)



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8365 S.E. DOUBLETREE RD. HOBE SOUND FL 33455 US		Mailing Address P.O. BOX 8469 HOBE SOUND FL 33475-8469 US	
2. Principal Place of Business	2a. Mailing Address		
21 2948 S.E. Monroe St.	26 P.O. Box 8469		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State 23 Stuart, FL.	City & State 28 Hobe Sound, FL		
Zip 24 34997	Country 25 U.S.A.	Zip 29 33475	Country 30 U.S.A.

3. Date Incorporated or Qualified 07/17/1989	
4. FEI Number 65-0136719	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDERSON, SCOTT W JR. 8365 S.E. DOUBLETREE RD. HOBE SOUND FL 33455		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ANDERSON, W. Scott Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, W. SCOTT, JR.	1.2 NAME	ANDERSON, W. Scott Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	90 HICKORY HILL RD	1.3 STREET ADDRESS	8365 S.E. Doubletree Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	ANDERSON, W. Scott Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, W. SCOTT, JR.	2.2 NAME	ANDERSON, W. Scott Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	90 HICKORY HILL RD	2.3 STREET ADDRESS	8365 S.E. Doubletree Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

SIGNATURE REQUIRED

CR2E034 (10/97)