

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14503**

(1)

1. Corporation Name

COLOR TRANSFORMATIONS, INC.

Principal Place of Business

2200 NW 32 ST
STE 700
POMPANO BEACH FL 33069
US

Mailing Address

2200 NW 32 ST
STE 700
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/05/1989

3a. Date of Last Report
05/01/1994

4. FE Number
65-0161685

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**

7. This corporation is not eligible for treatment under the Small
Corporation Statute ☒ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAND, RODNEY
2200 NW 32ND ST, #700
SUITE 408
POMPANO BEACH FL 33074**

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 602.02(1)(b) and 602.03(1)(b), Florida Statutes, the above named corporation adopts this statement for the purpose of changing its registered office or registered agent, as 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 certain with respect to the qualification of the new agent under Florida Statutes.

Signature

12. OFFICER, AND DIRECTOR

13. ADDITIONS, CHANGES TO OFFICER, AND DIRECTORS

NAME

**DP
HAND, RODNEY O.
2200 NW 32ND ST, #400
POMPANO BEACH FL**

NAME

NAME

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1. NAME

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12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

14. I, the undersigned, certify that the information required with this filing is true and correct, and that I am duly qualified to act as registered agent for the corporation named herein. I further certify that the information indicated on this annual report is true and correct, and that my signature and title on this report are in accordance with the provisions of the Florida Statutes, and that my signature appears on this report in accordance with the provisions of the Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95