


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90002 024 ***150.00

DOCUMENT # L24356	
1. Entity Name COLOR CAMERA SYSTEMS, INC.	

Principal Place of Business 345 W. MICHIGAN ST., SUITE 106 ORLANDO, FL 32806	Mailing Address 345 W. MICHIGAN ST., SUITE 106 ORLANDO, FL 32806
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54059827



2. Principal Place of Business 1409 SLIGH BLVD Suite, Apt. #, etc.	3. Mailing Address 1409 SLIGH BLVD Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32806	Country USA

07022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HEINZ, BIALLY 345 W. MICHIGAN STREET # 104 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name: HEINZ BIALLY Street Address (P.O. Box Number is Not Acceptable): 816 EASTGATE TRAIL City: LONGWOOD FL Zip Code: 32750
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 7.2.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINZ, BIALLY 345 W. MICHIGAN STREET #104 ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 7.2.04 DAYTIME PHONE #: 407-425-4063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR