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

APPROVED AND FILED
95 MAY -1 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L44290** **(9)**

1. Corporation Name
CORAL SPRINGS CUSTOM COLORS INC.

Principal Place of Business	Mailing Address
C/O DENNIS DAY 393 NW 97 LANE CORAL SPRINGS FL 33071	C/O DENNIS DAY 393 NW 97 LANE CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 1875 Merion lane
22 Suite, Apt. #, etc.
23 City & State: Same
24 Zip: Same 25 Country: Same

2a. Mailing Address
26 1875 Merion Lane
27 Suite, Apt. #, etc.
28 City & State: Same
29 Zip: Same 30 Country: Same

4. FEI Number: 65-0167383 ☐ 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

DAY, DENNIS
393 NW 97 LANE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 1875 Merion Lane
83
84 City: Same **FL** 85 Zip Code: Same

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	PTD	1.1 TITLE	Same	☒ Change ☐ Addition
NAME	DAY, DENNIS	1.2 NAME	Same	
STREET ADDRESS	393 NW 97 LANE	1.3 STREET ADDRESS	1875 Merion Lane	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Same	
TITLE	VSD	2.1 TITLE	Same	☒ Change ☐ Addition
NAME	DAY, CLAUDETTE	2.2 NAME	Same	
STREET ADDRESS	393 NW 97 LANE	2.3 STREET ADDRESS	1875 Merion Lane	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	Same	
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: Claudette M. Claudette Day 1-25-95 (305) 752-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114813 CP