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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L49495

(9)

COLORS CUSTOM FURNITURE, INC.

FILED
Mar 16 1998 8:00am
Secretary of State

COLC	no costow Funktione, i	NO.			
Principal Place of Business		Mailing Address 3250 NW 23RD AVENUE BLDG TO SUITE 400 Oakland Fork POMPANO BEACH FL 33069 FL 33307		F.T. I SANIALE ALL BIRTH CEILS OIDIN SULAL OSSU BIBIT	BLON BLON BIR(I BIRKK BIDN 100)
821 NW 44ST BAY 6					
OAKLAND PARK FL 33309				DO NOT WRITE IN THIS SPACE	
03		FOMPAINO BEACH FE S	NO00 FL 35	3. Date Incorporated or Qualified	
				02/06/1990	
2. Principal P	lace of Business	2a. Mailing Address	1/164	4. FEI Number	Applied For
21		1201	79 31	65-0186280	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22 City & Stat	A	27 Bay 6 City & State		6. Election Campaign Financing	
23		28] Cakland to	uk, FL	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z ₁	Country	8. This corporation owes or has paid the c	
24	25	+ 	30 USA	Personal Property Tax due June 30.	☐ Yes ☐ No
[9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
	AN OORDT, RUTH		81 Name		
821 NW 44ST BAY 6			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
0	AKLAND PARK FL 33309		63		
l					
			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corpo	oration 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. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.					
ľ	manage with the design	ione of Ceonori Cor Acco, Flor	na orangeo.		
SIGNATURE.	Signature, typed or pointed name of mgs tine diagen	are Et the if applicable (NOTE	Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition ♀
NAME	VAN-OORDT, RUTH		1.2 NAME		3
STREET ADDRESS	321 NW 44 ST BAY 6 OAKLAND PARK FL		1.3 STREET ADDRESS		Įŭ
CITY-SI-ZIP TITLE	D D	DELETE	14 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	OORDT, LUIS VAN	C Section	2.2 NAME		
STREET ADDRESS	321 NW 44ST BAY 6		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	OAKLAND PARK FL		2. 4 City-St-Zip		
TITLE		DECETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		j
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP		Driete	4.4 CITY-ST-ZIP		Change Addition
TITLE		L_J DELETE	5.1 TITLE		La change La Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		-
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Ì
	ertify that the information supplied with	this films does not qualify for		Section 119.07(3)(i). Florida Statutes, I further of	ertify that the information

6. I hereby certify that the information supplied with this bling does not quality 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 of 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:

(President)

03/09/98 95448977