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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L49495

1. Corporation Name

COLORS CUSTOM FURNITURE, INC.

Principal Place of Business

 821 NW 44ST BAY 6
 OAKLAND PARK FL 33309
 US

Mailing Address

 821 NW 44ST
 BAY 6
 OAKLAND PARK FL 33309
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1990

4. FEI Number

65-0186280

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3962 NE 5th terrace.

2a. Mailing Address

26 3962 NE 5th terrace.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Oakland Park FL

City & State

27 Oakland Park FL

Zip Country

24 33334 25 USA

Zip Country

29 33334 30 USA

9. Name and Address of Current Registered Agent

 VAN OORDT, RUTH
 821 NW 44ST BAY 6
 OAKLAND PARK FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME ST
 STREET ADDRESS VAN OORDT, RUTH
 CITY-ST-ZIP 821 NW 44ST BAY 6
 OAKLAND PARK FL
TITLE ☐ DELETE
 NAME D
 STREET ADDRESS OORDT, LUIS VAN
 CITY-ST-ZIP 321 NW 44ST BAY 6
 OAKLAND PARK FL
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME ST
 1.3 STREET ADDRESS van Oordt Ruth
 1.4 CITY-ST-ZIP 3962 NE 5th Ter.
 Oakland Park FL
2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME D
 2.3 STREET ADDRESS JAN OORDT, LUIS
 2.4 CITY-ST-ZIP 3962 NE 5th Ter.
 Oakland Park FL
3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS VAN OORDT (DIRECTOR)

March 24, 99

Date

954 368 1113

Daytime Phone

CR2E034 (11/98)