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 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L71240** **(0)**

1. Corporation Name

A + COLOR GRAPHICS, INC.

Principal Place of Business

6995 NW 82ND AVE.
SUITE 32
MIAMI FL 33166
US

Mailing Address

6995 NW 82ND AVE.
SUITE 32
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **05/08/1990**

3a. Date of Last Report: **07/25/1994**

4. FEI Number: **65-0192814**

Applied For / Not Applicable

5. Certificate of Status Desired: X **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **$5.00** May Be Added to Fees

8. This corporation has been / will be subject to tax under s. 220.15, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

PONTIGAS, MARIA T.
6995 NW 82ND AVE.
SUITE 32
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0505 or 620.1905, Florida Statutes, the undersigned hereby submits the following designation of registered office/registered agent, and the acceptance thereof, for the purpose of qualifying to do business in Florida.

Signature

12. Officers and Directors

D
PONTIGAS, MARIA T.
7221 SW 5 STREET
MIAMI, FL 33173

D
PONTIGAS, ANGEL M.
7221 SW 5 STREET
MIAMI FL

13. Additional Names of Officers and/or Directors, if any

NAME
Title
Address

14. To the best of my knowledge, this report is true, complete and accurate, and I am authorized to sign this report. I understand that the information on this report will be entered into the records of the Florida Department of State. Pursuant to section 817.155, Florida Statutes, I understand that any person who knowingly signs any report or other document required by law to be filed with the Department of State that falsely affects the information required to be contained therein is guilty of a misdemeanor of the first degree, punishable as provided in section 775.082 or 775.083, Florida Statutes.

SIGNATURE: Angel M. Pontigas 5/15/95 (305) 970-6282

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0170117 CP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71640 (1)

1. Corporation Name
PALAM, INC.

Principal Place of Business
3256 COQUINA KEY DR., SE
ST. PETERSBURG FL 33705

Mailing Address
3256 COQUINA KEY DR., SE
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 03/02/1994

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

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

4. FEI Number: 59-3010289 ☐ 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

LAMBERT, JOHN
3256 COQUINA KEY DRIVE, SE
ST. PETERSBURG FL 33705

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 ______ DATE ______

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LAMBERT, JOHN
STREET ADDRESS	3256 COQUINA KEY DR SE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (each entry: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition) — blank

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(1), 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: John Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/95 813-[illegible]
Date Daytime Phone #

0445416 FP

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AND
FILED

'95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L71710** **(2)**

1. Corporate Name
COMPANION WORLD, INC.

Principal Office Address
4125 CLEVELAND AVE., #5
FT. MYERS FL 33901

Mailing Address
4125 CLEVELAND AVE., #5
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **05/08/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Office
21 4125 Cleveland Ave #83
Suite, Apt. #, etc.
22
City, State
23 Ft. Myers FL
24 33901 25 Lee

2a. Mailing Address
26 4125 Cleveland Ave.
Suite, Apt. #, etc.
27 #83
City, State
28 Ft. Myers FL
29 33901 30 Lee

4. FEI Number: **65-0187613**
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. Document is being submitted pursuant to Chapter 608, Florida Statutes: Yes X No

9. Name and Address of Current Registered Agent

ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33910

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. [illegible]

Signature(s)

12.
D
FELICE, STEVEN P.
6923 HIGHLAND PARK CIRCLE
FORT MYERS FL
D
FELICE, SONJA K.
6923 HIGHLAND PARK CIRCLE
FORT MYERS FL

13. Additional Officers and Directors

14. [illegible]

SIGNATURE: Sonja K Felice 5-1-95 813 561-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0319474 CP