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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000001194

1. Corporation Name

CALLING ALL COLORS OF FLORIDA, INC.

Principal Place of Business

720 SNOWDEN DRIVE  
LAKE WORTH FL 33461

Mailing Address

720 SNOWDEN DRIVE  
LAKE WORTH FL 33461



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/27/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0842044

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLIGAN, ALPHONSO S ESQUIRE  
SUITE 409  
319 CLEMATIS STREET  
WEST PALM BEACH FL 33401

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [ ] DELETE  
NAME BROWNSTEIN, TED  
STREET ADDRESS 720 SNOWDEN DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33461

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME LIBERMANN, ANNE  
STREET ADDRESS 111 RAINFOREST COURT  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME GUCHANI-ROSENBERG, FARAH  
STREET ADDRESS 1400 N.W. 13TH STREET, #26  
CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME ROSENBERG, JOSHUA C  
STREET ADDRESS 1400 N.W. 13TH STREET, #26  
CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D [ ] DELETE  
NAME THOMAS-LEAHY, LOURDES  
STREET ADDRESS 511 NORTH "K" STREET  
CITY-ST-ZIP LAKE WORTH FL 33460

5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
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)(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 617, 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: Joshua C Rosenberg (Treas) 4/19/99 561-761-0384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)