FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9800001194

Corporation Name

CALLING ALL COLORS OF FLORIDA, INC.

Principal Place of Business 720 SNOWDEN DRIVE LAKE WORTH FL 33461

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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

720 SNOWDEN DRIVE LAKE WORTH FL 33461

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Apr 19, 1999 8:00 am § Secretary of State

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		11 11 1 1111	

3. Date Incorporated or Qualifed

65-0842044

5. Certificate of Status Desired

02/27/1998

4. FEI Number

Zip	Country	Zip	r.,	Country		Election Campaign Finan Trust Fund Contribution	icing	\$5.00 N Added to	
4	25	29	30	!		10. Name and Address of I	New Registered		1 663
	9. Name and Address of Current F	cegistered Agent		81	Name	10. Name and Address Of	tow registeres	Agont .	
				*'	Marrie				
MILLIGAN, ALPHONSO S ESQUIRE					Street Add	ress (P.O. Box Number is Not A	cceptable)		
SUITE 409							-		
319 CLEMATIS STREET									
WEST PALM BEACH FL 33401					City			85 Zip C	ode
	•			84	- •		FL		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Flori	da Statutes,	the above	named cor	poration submits this statement for	or the purpose of	changing its r	egistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such char ns of, Section 617.	ige was autho 0503. Florida	onzed by t Statutes.	ne corporat	ion's board of directors. Thereby	accept the appo	ittiliett as reg	isiGi Cu
	in landia visit, and doop, and onig-			-					**
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Reg	istered Agent	signature requir	red when reinstating)	DATE		· · ·
12.	OFFICERS AND		1	13.		ADDITIONS/CHANGES T	O OFFICERS A	ID DIRECTOR	RS IN 12
TITLE	D		ELETE	1.1 TITLE			-	☐ Change	☐ Addition
NAME	BROWNSTEIN, TED		1	1.2 NAME					
TREET ADDRESS	720 SNOWDEN DRIVE			1.3 STREET	ADDRESS				
OTTY-ST-ZIP	LAKE WORTH FL 33461			1.4 CITY-ST	-ZIP		-		
MLE	D		ELETE	2.1 TITLE				☐ Change	Addition
NAME	LIBERMANN, ANNE		1	2.2 NAME					
	111 RAINFOREST COURT			2.3 STREET	ADDRESS				
STREET ADDRESS	1			2.4 CITY-ST					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	Tr	ELETE	3.1 TITLE	-212			☐ Change	Addition
TITLE	D CHOUSENIE DOCENIE EDG. EADAM		,	3.2 NAME				_ ,	_
NAME	GUCHANI-ROSENBERG, FARAH								
STREET ADDRESS	[•••• • • • • • • • • • • • • • • • •			3.3 STREET					
CITY-ST-ZIP	BOCA RATON FL 33486		ELETE	3.4. CITY-ST	-ZIP			Change	☐ Addition
TITLE	D		ELETE	4.1 TITLE	1			Change	
NAME	ROSENBERG, JOSHUA C			4.2 NAME					
STREET ADDRESS	_ · · · · · · · · · · · · · · · · · · ·			4.3 STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33486			4.4 CITY-ST	-ZIP				— • 349° · ·
TITLE	D		ELETE	5.1 TITLE	1			Change	Addition
NAME	THOMAS-LEAHY, LOURDES			5.2 NAME					
STREET ADDRESS	511 NORTH "K" STREET			5.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33460			5.4 CITY-ST	-ZIP				
MILE			ELETE	6.1 TITLE				☐ Change	Addition
NAME:	the water of the first			6.2 NAME					
A CONTRACTOR OF THE CONTRACTOR	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	•		6.3 STREET	ADDRESS			•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			6.4 CITY-ST	-ZIP			-	
14. I hereby	certify that the information supplied with	this filing does not	qualify for the	e exemption	on stated in	Section 119.07(3)(i), Florida Stat	utes. I further ce	rtify that the in	formation

• I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certury 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

CHASCOPATURE JERUREDRICADOS (TICAS) Y/10/97

56/-36/-038Y

CR2F037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable