

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **P07313**

(0)

95 MAY 1 AM 3:57

1. Incorporation Name:
COLONIAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **176 N.W. 20TH ST. BOCA RATON FL 33431**
Mailing Address: **176 N.W. 20TH ST. BOCA RATON FL 33431**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/05/1985	3a. Date of Last Report 08/05/1994
4. FEI Number 11-2528192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This Corporation has notice of its liability for underpayment of Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> NO	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. City & State	29. City & State
25. Zip	30. Zip

9. Name and Address of Current Registered Agent
**STONE, FRED
176 NW 20TH STREET
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	FL
B5. Zip Code	

11. Pursuant to the provisions of Sections 607.04(2) and 607.13(9), 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, Sections 607.04(2) and 607.13(9), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12:	
OFFICE	PD	1. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, FRED	2. NAME	
STREET ADDRESS	21278 BELLECHASSE CT.	3. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	4. CITY, ST, ZIP	
OFFICE		5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
OFFICE		9. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
OFFICE		13. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, furnished and true, and qualify for the exemption stated in Sections 119.07(6)(a) Florida Statutes. I further certify that the information made about the 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an affidavit filed with an addition.

SIGNATURE:  **Fred Stone** 4/28/95 407 391 5400
SECRETARY OF STATE