

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Montum  
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**

Main Office 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**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**11-2528192**

Applied For  
 Not Applicable

21. State Apt. # etc.

26. State Apt. # etc.

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

23. City & State

28. City & State

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

24.      25.      29.      30.

8. This Corporation has notice of its liability for underpayment of Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, FRED  
176 NW 20TH STREET  
BOCA RATON FL 33431**

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

11. Pursuant to the provisions of Sections 607.04(2) and 607.1309, 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 607.1309, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	STONE, FRED
3. STREET ADDRESS	21278 BELLECHASSE CT.
4. CITY, ST., ZIP	BOCA RATON FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
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 607.04(2) Florida Statutes. I further certify that the information made above 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

BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR