

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90149 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P07313**

1. Corporation Name
COLONIAL, INC.



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

2. Principal Place of Business
190 GLADES ROAD

2a. Mailing Address
190 GLADES ROAD

4. FEI Number
11-2528192

Applied For
 Not Applicable

22. Suite, Apt. #, etc.
SUITE "D"

27. Suite, Apt. #, etc.
SUITE "D"

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

23. City & State
Boca Raton, FL

28. City & State
Boca Raton, FL

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

24. Zip **33432** 25. Country **FLORIDA**

29. Zip **33432** 30. Country **FLORIDA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, ARLEEN
 176 NW 20TH STREET
 BOCA RATON FL 33431

81 Name **STONE ARLEEN**
 82 Street Address (P.O. Box Number is Not Acceptable) **190 GLADES ROAD "SUITE D"**
 83
 84 City **Boca Raton** FL 85 Zip Code **33432**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P STONE, ARLEEN		1.2 NAME	
STREET ADDRESS 21278 BELLE CHASSE CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33433		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 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 607, 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: *Arleen Stone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/99** 561-5400
 Daytime Phone # **991-5400**

CR2E034 (11/98)