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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000030322 (0)**

1. Corporation Name
COLOR ALL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
7000 E. CYPRESSHEAD DR. PARKLAND FL 33067	7000 E. CYPRESSHEAD DR. PARKLAND FL 33067-1608

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 04/11/1996

4. FEI Number: 65-0403569 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1540 N. POWERLINE RD	26 1540 N. POWERLINE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 POMPANO BEACH, FL	City & State 28 POMPANO BEACH, FL
Zip 24 33069 Country 25 BROWARD	Zip 29 33069 Country 30 BROWARD

9. Name and Address of Current Registered Agent

PRIGAL, PATRICIA
20894 ESCUDO DR.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name GILBERT ROSENBRIER
82 Street Address (P.O. Box Number is Not Acceptable) 7000 E. CYPRESSHEAD DR.
83
84 City PARKLAND FL 85 Zip Code 33065

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 X _____ GILBERT ROSENBRIER, VICE PRES. 4/30/97
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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PRIGAL, PATRICIA		1.2 NAME	PATRICIA PRIGAL	
STREET ADDRESS	20894 ESCUDO DR.		1.3 STREET ADDRESS	6497 NW 30 AVE	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	GERALD, PRIGAL		2.2 NAME	GERALD S. PRIGAL	
STREET ADDRESS	20894 ESCUDO DR		2.3 STREET ADDRESS	C/O FORLONG - 7833 SNIBEL DR.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VPST	☐ DELETE	3.1 TITLE	VP ST	☐ Change ☐ Addition
NAME	ROSENBRIER, GILBERT		3.2 NAME	GILBERT ROSENBRIER	
STREET ADDRESS	7000 E CYPRESSHEAD DR		3.3 STREET ADDRESS	7000 E CYPRESSHEAD DR	
CITY-ST-ZIP	PARKLAND FL		3.4 CITY-ST-ZIP	PARKLAND, FL 33065	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	CLAUDETTE ROSENBRIER	
STREET ADDRESS			4.3 STREET ADDRESS	7000 E CYPRESSHEAD DR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PARKLAND, FL 33065	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ GILBERT ROSENBRIER, V.P. 4/30/97 (954) 969-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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