

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

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

**7000 E. CYPRESSHEAD DR.
PARKLAND FL 33067**

Mailing Address

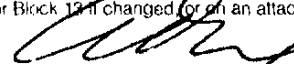
**7000 E. CYPRESSHEAD DR.
PARKLAND FL 33067-1608**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1540 N. POWERLINE RD		26 1540 N. POWERLINE RD		04/26/1993		04/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0403569		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 POMPANO BEACH, FL		28 POMPANO BEACH, FL		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 33069	25 BROWARD	29 33069	30 BROWARD	☐ Yes ☒ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRIGAL, PATRICIA 20894 ESCUDO DR. BOCA RATON FL 33433				81 Name GILBERT ROSENBERG			
				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 				GILBERT ROSENBERG, VICE PRES. 4/30/97			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	PATRICIA PRIGAL
STREET ADDRESS		1.3 STREET ADDRESS	6497 NW 30 AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	GERALD S. PRIGAL
STREET ADDRESS		2.3 STREET ADDRESS	46 FORLANS - 7833 SANIBEL DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	GILBERT ROSENBERG
STREET ADDRESS		3.3 STREET ADDRESS	7000 E CYPRESSHEAD DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PARKLAND, FL 33065
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	CLAUDETTE ROSENBERG
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	

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 ROSENBERG, V.P. 4/30/97 (954) 969-1599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0181034

CR2E034 (9/96)