

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038368 (5)

1. Corporation Name

KALEIDOSCOPE GRAPHICS, INC.

Principal Place of Business

820 NORTHEAST 24TH LANE
STE. 108
CAPE CORAL FL 33909

Mailing Address

820 NORTHEAST 24TH LANE
STE. 108
CAPE CORAL FL 33909



3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
04/12/1995

2. Principal Place of Business
21 8413 LITTLETON ROAD

2a. Mailing Address
25 8413 LITTLETON ROAD

4. FET Number
65-0415967

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 N. FORT MYERS, FL

27 City & State
28 N. FORT MYERS, FL

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

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

24 33903 25 USA

29 33903 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, DEAN A
17 PARROT PLACE
N. FT. MYERS FL 33917

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 officer, if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RUSSELL, DEAN A.
STREET ADDRESS 17 PARROT PLACE
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

TITLE V
NAME RUSSELL, KENNETH D.
STREET ADDRESS 1800 NW 24TH AVE.
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE TS
NAME RUSSELL, ISABELLE L
STREET ADDRESS 17 PARROT PLACE
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

TITLE V
NAME RUSSELL, JUDITH M
STREET ADDRESS 1800 N.W. 24TH AVENUE
CITY-ST-ZIP CAPE CORAL FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dean A. Russell* DEAN A. RUSSELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 941-995-1995

Date

Daytime Phone

CR2E034 (12/95)