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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

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	MENT# P930	ECHNOLOGY INC. Mailing Address 5807 S.W. 89 WAY COOPER CITY FL 33328 S								
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	UMENT # P930 ation Name US COLOR TECHNOLOGY Place of Business W. 89 WAY R CITY FL 33328 Apt. #, etc. State Country 25 9. Name and Address of Cur TH, DAVID W 7 S.W. 89 WAY DPER CITY FL 33328 Ant to the provisions of Sections 607.03 stered agent, or both, in the State of Fir with, and accept the obligations of, Size Standards, typic or prolied name of regional is OFFICERS of SMITH, DAVID W 5807 SW 89 WAY COOPER CITY FL 33328 SS									
	<u></u>		····				3. Date Incorporated or Qualified 06/16/1993	3a. D	ate of Las 04/24/	
2. Principal Pli	ace of Business		, Mailing Address				4. FEI Number			Applied For
Suite, Apl.	#, etc.	20	Suite Act # etc				65-0421130			Not Applicable
22		27	State, 1470. 11, 000.				5. Certificate of Status Desired			75 Additional se Required
City & State)		City & State		_		6. Election Campaign Financing			.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		·	•		Trust Fund Contribution			Ided to Fees
Zip 24	η '		, Ζιρ ,	·	ý		8. This corporation has liability fo		tax under	rs 199.032,
24			tered Agent	[30]				⇒ □ No		
	<u>.</u>	one riegis	nereu ngem	81	٦^	Name	10. Name and Address of New	Registere	d Agent	
SMITH.	DAVID W									
SMITH, DAVID W 5807 S.W. 89 WAY COOPER CITY FL 33328 11. Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Ffamiliar with, and accept the obligations of, S SIGNATURE				82		Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
COOPE	ER CITY FL 33328			83	t					
				0.4	ļ.	· · · · · · · · · · · · · · · · · · ·			·	
	• • • • • • • • • • • • • • • • • • •	J			ı	•		F		Zip Code
11. Pursuant t or register	o the provisions of Sections 607.05 ed agent, or both, in the State of Fig	02 and 60 orida. Such	7.1508, Florida Statute	s, the above	na	ritied corporal	tion submits this statement for the pu	rpose of c	hanging it	s registered office
familiar wit	h, and accept the obligations of, Sc	ction 607.	0505, Florida Statutes.	o by the corp	,OI	anon a ocaro	or directors. Thereby accept the app	ontment	as register	ed agent. I am
	Skirtature: Moved or printed name of statement Table	ent and brook a	a w. cabila akibat	C. Fr						
12.			TORS		1 5	ada an no nome a A	ADDITIONS/CHANGES TO OF	DATE TOTAL	NO INDEC	TODE IN 10
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CITY - S1 - ZIP				6 A DITY C		71D				27.46

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 empoyered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Block 13 il changed, origin an attachment fath as address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 305 231