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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # <b>P9300</b> 0 COLORS, INC.	0054216 (5	)			## 1/81 4/84 HAN 101 118
Principal Plac	e of Business	Mailing Address	Mailing Address			JAIL 01010 F1684 11910 0113 1881
2221 FORSYTH ROAD UNITS G & H ORLANDO FL 32807		2221 FORSYTH ROAD UNITS G & H Orlando Fl 32807		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE	
					07/29/1993	
<del></del>		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc		26	Suite, Apt. #, etc.		59-3194947	Not Applicable
22 Suite, Apr	#, etc	27			<b>5.</b> Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		*****	8. Election Campaign Financing	\$5,00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the co	
24	25 Name and Address of Currer	29	30]		Personal Property Tax due June 30.  10 Name and Address of New Registered	Yes No
110	YER, PAUL V	it magistaled Agent		Name	IO. Name and Address of New Neglateret	1 Agent
2627 W STATE ROAD 434 LONGWOOD FL					dress (P.O. Box Number is Not Acceptable)	
				33		
			8	City	F	85 Zip Code
SIGNATURE	Signature typed or pontrist name of registered agri	ont and life of applicable (N			rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstating)  OATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	MENDOZA, ROMEO M.	☐ DELETE	1.1 TiTL			Change Addition
STREET ADDRESS	20210 MAXIM PARKWAY		1 2 NAM	EET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		8	-ST-ZIP		
TITLE	1	DELETE 2.1				Change Addition
NAME	MENDOZA, ZENAIDA		2.2 NAM	IE		
STREET ADDRESS	20210 MAXIM PARKWAY		2.3 STR	EET ADDRESS	•	
CITY-ST-ZIP	ORLANDO FL			Y-ST-ZIP	<u> </u>	
TITLE	÷		3.1 TITL	1		Change Addition
NAME	DINLASAN, ANGELO		3.2 NAN	}		
STREET ADORESS	20140 MAXIM PARKWAY ORLANDO FL			EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		Change Addition
NAME	DINLASAN, EMELITA H.					LI Voidingo LI Novillott
STREET ADDRESS	20140 MAXIM PARKWAY		1	EET ADDRESS		
CITY-S!-ZIP	ODIANDO EL		- 8	'-ST-ZIP		
TITLE			5.1 1(1)			Change Addition
NAME			5.2 NAN	IE .		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP				'-ST-ZIP		
TITLE	n.	DELETE	6.1 TITL	[		Change Addition
NAME			62 NAM			
STREET ADDRESS			6 3 STR	EET ADDRESS		

14. Thereby 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 andress.

SIGNATURE:

4-15-98

407-677-8990

**FILED** 

Apr 24 1998 8:00am

Secretary of State