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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	IMENT # P93000 COLORS, INC.	054216							
Principal Pla 2221 FORSYTI UNITS G & H ORLANDO FL		Mailing Address 2221 FORSYTH ROAD UNITS G & H ORLANDO FL 32807			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/29/1993				
	Place of Business	2a. Mailing Address				4. FEI Number			
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<u>+</u>	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired Fe			
City & Sta	ate	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution Adv			
Zip	Country Zip 29 :			ntry		8. This corporation owes the current year Intangible Personal Property Tax.			
	Name and Address of Currer	nt Registered Agent		81		10. Name and Address of New Registered Agent			
MOYER, PAUL V 2627 W STATE ROAD 434 LONGWOOD FL					Name Street A	Address (P.O. Box Number is Not Acceptable)			
				84	City	FL 85			
l office or	nt to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at	Jthonzec	1 DV	tne corpor	orporation submits this statement for the purpose of changin ation's board of directors. I hereby accept the appointment a			
SIGNATURE	Signature, typed or printed name of registered age	at and title if medicable AIATE.	Degistered	Agen	t eignatura con	uired when reinstating) DATE			
40		ND DIRECTORS	13.	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
12.	p OFFICERS AI	DELETE	1.1 TF	ΠE		ADDITIONS/CHANGES TO OFFICE NO AND			
	MENDOZA, ROMEO M.	_ 5222,6	1.2 N/	-					
NAME	COOKS MANUA DADIVINAV		,		ADDDCCC				
STREET ADDRESS 20210 MAXIM PARKYYAT				1.3 STREET ADDRÉSS					

FILED Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90087 030 ***150.00

l II		Olisi Olole i	

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

85 Zip Code r the purpose of changing its registered accept the appointment as registered DATE OFFICERS AND DIRECTORS IN 12 Change ☐ Addition CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE MENDOZA, ZENAIDA 22 NAME -NAME 20210 MAXIM PARKWAY 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 3.1 TITLE DINLASAN, ANGELO NAME 3.2 NAME 20140 MAXIM PARKWAY 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TILE DINLASAN, EMELITA H. 4. 2 NAME NAME 20140 MAXIM PARKWAY 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS $\mathcal{F}(M)$ of 5.4 CITY-ST-ZIP CITY-ST-ZIP* 6.1 TITLE ☐ Change Addition 11136 ☐ DELETE TITLE 983301 (62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 chment with an address, with all other like empowered.

SIGNATURE:

407-677-8990

CROENS 111/08