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

DOCUMENT # P93000088368 (4)

J P D ULTRACOLOR INC.

Principal Place of Business

Mailing Address

42308 SAFFRON COURT EUSTIS FL 32726-0000 42308 SAFFRON COURT

FILED May 05 1998 8:00am Secretary of State



EUSTIS FL 32728-0000			EUSIIS FL 32/26	EUSIIS FL 32726-0000			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							01/01/1994			
	Principal Place of Bu	ısiness	2a. Mailing Addre	88			4. FEI Number		Applied For	
21		26					59-3215540		Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, (Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	City & State		City & State	City & State			6. Election Campaign Financing	\$5.	.00 May Be	
23			28				Trust Fund Contribution			
	Zip	Country	Zip	Co	ountry		8. This corporation owes or has paid the	current yea	ar I <u>nta</u> ngible	
24		25	29	30			Personal Property Tax due June 30.	Yes	□ No	
		me and Address of Curre	ent Registered Agent		J.,		10. Name and Address of New Register	ed Agent		
	PUCINO, PE	TER M			81	Name				
42308 SAFFRON CT					82 Street Address (P.O. Box Number is Not Acceptable)					
	EUSTIS FL	32726		[5]						
					83		-			
					0.4	City		loc l	Zin Codo	
					84	City	F	:L 85	Zip Code	
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 Storigatore, typed or printed name of registered agent and bit of agent agen										
12			ND DIRECTORS	13		in signature requ	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
THI			DEL		TITLE	T	ABBRIOTO/OF ITALES TO OF TOETIO	☐ Cha		
NAJ	- 1 -	IO, PETER M			NAME				-	
STREET ADDRESS 42308 SAFFRON CT				1.3 STREET ADDRESS		ADDRESS				
		S FL 32726			CITY-S			,		
TITL		VP DELETE			2.1 TITLE			☐ Cha	nge Addition	
NAJ	- 1 **	PUCINO, DAVID		2.2 NAME						
		HERYL DR.				ADDRESS				
		DNA FL 32738		2.4	CITY-5	\$1 - 7/P				
TITL			DEU		TITLE			Cha	nge 🔲 Addition	
NA	E PUCIN	IO, JOSEPH		3.2	NAME					
		VALHALLA ST		3.3	STREET	ADDRESS	8			
		DNA FL 32725		3.4.	CITY-S	ST-2IP				
TITL			DEC	.ETE 4.1	TITLE			Cha	nge 🔲 Addition	
NA	IE			4.2	NAME					
STR	EET ADDRESS			4.3	STREET	ADDRESS				
CIT	r-\$T-ZIP			4.4	CITY-S	iT-ZIP				
ΥΠI			☐ DE		TITLE			Cha	nge Addition	
NAJ	IE			5.2	NAME					
STR	EET ADDRESS			5.3	STREET	ADDRESS				
	-ST-ZIP	•			CITY-S					
TITE		,	☐ DEI		TITLE			Cha	nge 🔲 Addition	
NAM	1E			6.2	NAME					
	EET ADDRESS			6.3	STREET	ADDRESS				
	1-ST-ZIP				CITY-S					
14	I hereby certify tha	I the information supplied	with this filing does not d	qualify for the e	xemp	tion stated i	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify tha	t 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 or a latachment with an address.										