

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000023227 (9)

1. Corporation Name

FUTURE COLOR GRAPHICS, INC.



Principal Place of Business

8735 53RD TERRACE EAST
BRADENTON FL 34202

Mailing Address

8735 53RD TERRACE EAST
BRADENTON FL 34202

2. Principal Place of Business

21 355 Interstate Blvd
Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL

24 Zip 34240 25 Country U.S.A.

26 34240 27 SARASOTA

2a. Mailing Address

26 355 Interstate Blvd
Suite, Apt. #, etc.

27 City & State

28 SARASOTA FL

29 Zip 34240 30 Country U.S.A.

31 SARASOTA

3. Date incorporated or Qualified

03/25/1994

3a. Date of Last Report

05/10/1995

4. FEI Number

65-0478844

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

ZERFASS, LEE W
8735 53RD TERRACE EAST
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name

LEE ZERFASS

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

355 Interstate Blvd.

83

84

City SARASOTA

FL

85 Zip Code

34240

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 or officer, if applicable.

(NOTE: Registered Agent signature required when resigning)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ZERFASS, LEE W
STREET ADDRESS 8735 53RD TERRACE EAST
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

941-379-3555

Daytime Phone #

CR2E034 (12/95)