

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025387 (9)

1. Corporation Name

WILD ABOUT COLORS, INC.

Principal Place of Business

Mailing Address

332008 ARBOR CLUB WAY
BOCA RATON FL 33433

332008 ARBOR CLUB WAY
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/28/1994

2. Principal Place of Business

2a. Mailing Address

21 9157 S.W. 10th St. #C

26 9157 S.W. 10th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #C

27 #C

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33428

25 PALM BCH

29 33428

30 PALM BCH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'DONNELL, DONN

332008 ARBOR CLUB WAY
BOCA RATON FL 33433

81 Name

O'DONNELL, DONN

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

9157 S.W. 10th St. #C

83

84 City

BOCA RATON, FL

FL

85 Zip Code

33428

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]

Signature, typed or printed name of registered agent and his if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	O'DONNELL, DONN
STREET ADDRESS	332008 ARBOR CLUB WAY
CITY - ST - ZIP	BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	9157 S.W. 10th St #C
14 CITY - ST - ZIP	BOCA RATON, FL 33428
2 1 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3 1 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(a), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-20-95

Date

(407) 852-2128

Operator Name