

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000040079 (3)

1. Corporation Name

COLAM DOS, INC.



Principal Place of Business

Mailing Address

691 S.W. 14TH STREET
BOCA RATON FL 33486

691 S.W. 14TH STREET
BOCA RATON FL 33486

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
65-0508495

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

10. Name and Address of New Registered Agent

MARKFIELD, PEARL
691 S.W. 14TH STREET
BOCA RATON FL 33486

81 Name

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

83

84 City

FL

85 Zip Code

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 Required for both 11 and 12. The registered agent and title if applicable.

(NOTE: Registered Agent signature required when recorded.)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MARKFIELD, PEARL	
STREET ADDRESS	691 S.W. 14TH STREET	
CITY - ST - ZIP	BOCA RATON FL 33486	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	☐ 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 617, 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

7-26-96