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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000049145 (3)

MAGNOLIA COLOR, INC.

## FILED Aug 29 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address			ess		1 10011001310 10111 01011	MBILL BALLE MAIN	MBITT MIMITE EMINE STAFF.	AIREN BILL IREL
5027 HIGHWAY CASSELBERRY			7 HIGHWAY 17-92 SSELBERRY FL 32707-3815					
					3. Date incorporated or	Qualified	3a. Date of Las	st Report
					06/29/1994		04/15/199	<b>)6</b>
2. Principal P	lace of Business	2a. Mailing Ad	ddress		4. FEI Number			Applied For
21		26			53-3258749			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt	! #, etc.		5. Certificate of Status I	Desired		5 Additional
22		27					Fee	Required
City & State	e e	City & Sta	иe		6. Election Campaign F	•		00 May Be
Zip	Country	28     7   p		ountry	8. This corporation has			ed to Fees
24	25	29	30	out in y	Florida Statutes		Yes \[ \] No	er s. 199.032,
	9, Name and Address of				10. Name and Address			
יאלעו		UASMAN R		81 Name	14000000	Λ	-07 ct	-
502	7 NIGHWAY 17-92	UKSMAR K	.UBLKI V	82 Street Ad	WASMAN ddress (P.O. Box Number is No	KORF	elt J	<u> </u>
	SELBERRY FL 32707			OZ Siledi A	5027 Hwy	177-9	32	
	002000			83				
•				B4 City			<b>85</b> Z	ip Code
					CASSELBERRY	/		2 <i>270</i> 7
11. Pursuant I	to the provisions of Sections 6	07.0502 and 607.1508, FI	lorida Statutes, the	above-named c	corporation submits this stateme	ent for the pu	roose of changin	o its registered
office or r			bonde woo outheri	and but he gorne		scabu accont		
office or re agent. I ar	m familiar with, and account the	ne State of Hoyda. Such of ne <b>op</b> ligations of, Section 6	hange was authoria 607.0505, Florida S	zed by the corpo latutes.	pration's board of directors. The	creby accept	the appointment	as registered
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14. I do 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 of 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, men an attachment with an address.

SIGNATURE

LIFE SUPPLIED PARTY ROBERT 5. WINSMAN 8/26/192 407