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FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000049145 (3)

1. Corporation Name

MAGNOLIA COLOR, INC.

Principal Place of Business

5027 HIGHWAY 17-92
CASSELBERRY FL 32707

Mailing Address

5027 HIGHWAY 17-92
CASSELBERRY FL 32707-3815



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/29/1994	04/15/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		53-3258749	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26		31		7. Trust Fund Contribution	
27		32		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

WASMAN, THOMAS J
5027 HIGHWAY 17-92
CASSELBERRY FL 32707

WASMAN ROBERT J.

10. Name and Address of New Registered Agent

81 Name WASMAN ROBERT J.
82 Street Address (P.O. Box Number is Not Acceptable) 5027 HWY 17-92
83
84 City CASSELBERRY FL 85 Zip Code 32707

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

Robert J. Wasman

8/26/97

Signature: typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WASMAN, THOMAS J	1.1 TITLE	PRESIDENT, CEO
NAME	WASMAN, THOMAS J	1.2 NAME	WASMAN ROBERT J.
STREET ADDRESS	601 MAJICA AVENUE	1.3 STREET ADDRESS	1036 CHOCHECHERRY DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	PRESIDENT	2.1 TITLE	
NAME	WASMAN, ROBERT	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, on an attachment with an address.

SIGNATURE:

Robert J. Wasman ROBERT J. WASMAN 8/26/97 407 831-5700

CR2E034 (9/96)