


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90186 010 ***150.00

04/24/99

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000050716

1. Corporation Name
COLOR MY WORLD PRESCHOOL AND DAY CARE CENTER, IN C.



Principal Place of Business 2674 DR. MARTIN LUTHER KING WAY SARASOTA FL 34234	Mailing Address 2674 DR. MARTIN LUTHER KING WAY SARASOTA FL 34234
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1994	
4. FEI Number 65-0515409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VITKUS, MARCI
 8459-9 GARDENS CIRCLE
 SARASOTA FL 34234

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	VITKUS, MARCI	
STREET ADDRESS	2537 BOUGAINVILLEA ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	VITKUS, ANDRIUS	
STREET ADDRESS	2537 BOUGAINVILLEA ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marci Vitkus	
1.3 STREET ADDRESS	2537 Bougainvillea St	
1.4 CITY-ST-ZIP	Sarasota FL 34239	
2.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andrius Vitkus	
2.3 STREET ADDRESS	2537 Bougainvillea St	
2.4 CITY-ST-ZIP	Sarasota FL 34239	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)