

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000015322 (7)

1. Corporation Name

COLOR ALL TECHNOLOGIES OF SOUTH FLORIDA, INC.

Principal Place of Business

COLOR ALL
TECHNOLOGIES

2206 HOLLYWOOD BLVD. SOUTH FLORIDA INC.
HOLLYWOOD FL 33322
PLANTATION FL 33322
(305) 749-4650

Mailing Address

COLOR ALL
TECHNOLOGIES

2206 HOLLYWOOD BLVD. SOUTH FLORIDA INC.
HOLLYWOOD FL 33322
PLANTATION FL 33322
(305) 749-4650



2. Principal Place of Business

2a. Mailing Address

COLOR ALL
TECHNOLOGIES

2206 HOLLYWOOD BLVD. SOUTH FLORIDA INC.
HOLLYWOOD FL 33322
PLANTATION FL 33322
(305) 749-4650

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report

4. FEI Number

65-0595233

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

HOCHSZTEIN, FRED
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33322

David NAHARIN
1844 N. NOB HILL RD. #620
Plantation, FL 33322

81 Name David B. Naharin

82 Street Address (P.O. Box Number is Not Acceptable)
1844 N. NOB HILL RD. #620

84 City Plantation

85 Zip Code
FL 33322

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

4/10/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
NAHARIN, DAVID
1844 NORTH NOB HILL RD., #620
PLANTATION FL 33322

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Naharin

DATE

Daytime Phone

3-12-96 305-749-4650

CR2E034 (12/95)