

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025432 (2)

1. Corporation Name

COLORFUL DREAMS, INC.



Principal Place of Business

5252 HARBORSIDE DRIVE
TAMPA FL 33615

Mailing Address

5252 HARBORSIDE DRIVE
TAMPA FL 33615

PLEASE
CHANGE
TO

2. Principal Place of Business

21 2194 MAIN STREET

Suite, Apt. #, etc.

22 SUITE D

City & State

23 DUNEDIN FL

Zip

24 34698

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

4. FEI Number

59-3304827

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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 607.0532 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 607.0532, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
P
FOX, MARK B
STREET ADDRESS
5252 HARBORSIDE DRIVE
CITY-ST-ZIP
TAMPA FL 33615

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
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61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark B Fox

1/17/96

813-738-0023

CR2E034 (12/95)