

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

FILED

96 SEP -9 PM 3: 32

DOCUMENT # P95000046691 (8)

1. Corporation Name

COLKAR CORPORATION



200001952302

-09/20/96--01014--002

****225.00 ****225.00

Principal Place of Business 6622 N.W. 48TH ST. CORAL SPRINGS FL 33067

Mailing Address 6622 N.W. 48TH ST. CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified 06/12/1995 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0635985 Applied For Not Applicable

21 Suite, Apt. #, etc

26 3200 N. Military Trail 201

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

27 Boca Raton FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country

29 33431 30 USA

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

LYNCH, COLLIN G 6622 N.W. 48TH ST. CORAL SPRINGS FL 33067

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: [Signature]

8-30-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for P LYNCH, COLLIN G and S LYNCH, KAREN E.

Table with 4 columns: 1-4 TITLE, 1-4 NAME, 1-4 STREET ADDRESS, 1-4 CITY-ST-ZIP. Includes handwritten signature.

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 in an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-96 (954)340-7174 Date Daytime Phone #

CR2E034 (12/95)