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

Mailing Address

5016 NW 68TH DRIVE CORAL SPRINGS FL 33067-2109

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050700 (0)

TERME COLOURS, INC.

Principal Place of Business

4891 N. UNIVERSITY DRIVE CORAL SPRINGS FL 33087

2. Principa! Pi	lace of Business	2a. Mailing Address	• ,	4, FEI Number	Applied For						
21		26 4691 N. UNIVER	situ Dr.	65-0603217	Not Applicable						
Suile, Apt.	#, etc.	Suite, Apt. #, etc. 27 469 # 206		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred						
City & State	0	City B Chale		6. Election Campaign Financing	\$5.00 May Be						
23		28 COYAL SPrince	ر ر		Added to Fees						
Zip	Country	Žip	Country	8. This corporation has liability for inta							
24	25	29 33067 30	บร	Florida Statutes	~ g****.						
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	teret Agent						
WINI	n, margi		81 Name	WiNN, Margi							
5016 NW 66TH DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)							
CORAL SPRINGS FL 33067				4691 N University Dr							
			83	Buite # 206							
			22 200		85 Zip Code						
				oral Springs	FL 33061						
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.											
agent fa	m familiar with, and accept the oblig	ations of Section 607.0505, Florida	a Statutes	-1.	,,,,,						
SIGNATURE	/ () ()	Ima			4/97						
***************************************	Signalure, typed - printed name of registered as	Ount and title it applicable (NOTE: Re	gistered Agent signature r	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12						
12. 161.1	D	DELETE		P/1/s/P	Change Addition						
NAME	WINN, MARGI		1.2 NAME	Margi Wind							
STREET ADORESS	5016 NW 66TH DRIVE		1.3 STREET ADDRESS	41091 N. University Dr	• .						
CHY-51-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP	4691 N. University Dr Coral Springs fla. 3306	7 Suite #206						
III.F	D	DELETE	2.1 TITLE		Change Addition						
NAME	L'OCHIATTO, ROSEANNE	,	2.2 NAME		1.5						
STREET ADDRESS	8148 NW 68TH AVE		2.3 STREET ADDRESS								
CHTY-ST-ZIF	TANARAC FL		2 4 CITY-SY-ZIP		· .						
DILE	D	DELETE		VP/C/M	Change Addition						
NAME	VERBRUGGEN, ELIZABETH		3.2 NAME	Liz Verbrugsen HGAI N. University or. Suit							
STREET ADDRESS	1190 SW 108TH TR		3.3 STREET ADDRESS	4691 N. University Dr. July	CH 206						
CHY+S*+ZIP	DAVIE FL 33324		3.4, CITY-ST-ZIP	coral Springs Fla. 3306							
THE	D	DELETE	4.1 TITLE		Change Addition						
NAMÉ	MONBERG, JENNIFER		4. 2 NAME								
STREET ADDRESS	640 N. ATLANTIC AVE., SUITI	E 201	4.3 STREET ADDRESS		ļ						
City - S1 - ZiP	DAYTONA BEACH FL	Policie	4.4 CITY-5T-2IP		Change						
TITLE		DELETE	5.1 TITLE		Change Addition						
NAME			5.2 NAME	•							
STREET ADDRESS			5 3 STREET ADDRESS								
City - \$1 - 2IP		DELETE	5.4 CITY-ST-ZIP 6.5 TITLE		Change Addition						
TITLE NAME		Las Delete	62 NAME		Fred with Fred Lands(f(A))						
STREET ADDRESS			6.3 STREET ADDRESS								
Caty-ST-ZiP			6.4 CITY-ST-ZIP								
14, I do here:	by certify that the information supplied	ed with this filing does not qualify fo	r the exemption st	ated 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, or on an attachment with an address.											
SIGNATURE: Marsi Winn (MARSI WINN) (P) 5/14/97 954-345-6574											
	· OIGHATUHE AND TPEO C	MIT TOTAL ED RISME OF SIGNING OFFICER ON	MINIST LOUI	, Date	Daytime Phone #						

1007 2:00 am

	May 21 1						П
	Secretai	y	of	St	at	e	
	12001001 1401041 16114 16114 16114 16114 16114 16114 16114 16114 16114 16114 16114			 		i	
3. [†]							
3.	Date Incorporated or Qualified	Sa. Date of Last Report]
	06/29/1995 FEI Number	05/	01/19		plied F		1
۳,	65-0603217			-	Appli		1
5.	Certificate of Status Desired				ddition quired		
6.	Election Campaign Financing Trust Fund Contribution				May B		
8.	This corporation has liability for in Florida Statutes	langible Yes					1
10.			Agent				1
	UN, Margi					*****	
s (F	O. Box Number is Not Acceptable N. Dr. Versity Dr.	9)]
e							
	Springs .	FL	85	330	26r)	
atio	n submits this statement for the pu poard of directors. I hereby accept	rpose o	of chang pointme	ing its nt as i	regis registe	tered red	
	5/,	14/9	77				
	reinstating) / ADDITIONS/CHANGES TO OFFICE	DATE RS AN	D DIREC	CTOR	S (N 1:	2	ြ
75	70		Cha			ddition	8
ar A i	gi Wind XI Dniversity Dr						8
AL	N. University Dr Springs fla. 330	67	Suit	e ‡	200	ь	CR2E034 (9/96)
			Cha	inge	^	ddition	Ö
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ŗ	erbrugsen N. University Dr. Sui Springs Fla. 330	たけ	206				
n.	Springs Plat 350	6.1	Cha		T.J.A	ddition	-
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