FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90015 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000052549
1 Compretion Name	. 000000000

WINDY CITY COLORS, INC

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Principal Place	e of Business	_	Mailing Add	ress										
6128 EDWARDS MARGATE FL 3			6128 EDWARI MARGATE FL											
							[DO NOT V	VRITE IN	THIS SP	ACE	
								3. Dat	te Incorporat	ed or Qualit	fed			
							1	06,	/30/1995					
2. Principal Pl	face of Business		2a. Mailing A	Address				4. FEI	Number				Ap	plied For
21			26					65	-0592146	i			No	t Applicable
Suite, Apt.	#, etc.	-	Suite, Ap	ot. #, etc.				5 C	rtifcate of Sta	atus Dosiror	d 🗆	•	\$8.75 /	Additional
22		1	27					5. Cer	nuicate or Sta	aius Desiret			Fee Re	quired
City & State	e		City & S	tate				6. Elec	ction Campa	ign Financi	ng 🖂		\$5.00	May Be
23			28					1	st Fund Con	-	ng 🗆		Added t	
Zip	Count		Zip		Country	у		8. This	s corporation	owes the	current ye	ar Intang	ible	
24	25		29	30	0				rsonal Prope		•] Yes	□No
2-4	9. Name and Addr				, 1			10. Na	me and Add	iress of Ne	w Registe	ered Age	ent	
			<u> </u>	-	81	l Nam	ne							
GRO	ISSMAN, PHILLIP S				-			(0.0.1	D 63	is Not Ass	antable)			
	EDWARDS RD.				82	Stre	et Addres	SS (P.U. I	Box Number	IS NOT ACC	eptable)			
6128														
	GATE FL 33063				83	3								
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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 changed, or affair attachment with an address with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Addition

☐ Addition

☐ Change

Change