


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

FILED

**Jan 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000042691 (1)
 1. Corporation Name
COLORALL TECHNOLOGIES INTERNATIONAL, INC.



Principal Place of Business 7000 E. CYPRESS HEAD DRIVE PARKLAND FL 33065	Mailing Address 7000 E. CYPRESS HEAD DRIVE PARKLAND FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1540 N. POWERLINE RD	26 1540 N. POWERLINE RD.			05/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0748562	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
POMPANO BEACH FL		POMPANO BEACH		6. Election Campaign Financing Trust Fund Contribution	
Zip		Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
33069		33069		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Country		Country		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
BROWARD		BROWARD			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENBRIER, GILBERT 7000 E. CYPRESS HEAD DRIVE PARKLAND FL 33065				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 607.0502 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBRIER, GILBERT	1.2 NAME	
STREET ADDRESS	7000 EAST CYPRESSHEAD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33065	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBRIER, CLAUDETTE	2.2 NAME	
STREET ADDRESS	7000 EAST CYPRESSHEAD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33065	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIGAL, JAMIE S	3.2 NAME	
STREET ADDRESS	8787 SOUTHSIDE BLVD. #219	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIGAL, GERALD S	4.2 NAME	VP PRIGAL, GERALD S.
STREET ADDRESS	C/O FORLONG- 7833 SANIBEL DR.	4.3 STREET ADDRESS	7833 SANIBEL DR
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D NAHARIN, DAVID
STREET ADDRESS		5.3 STREET ADDRESS	3251 NW 18th AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)