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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000051695 (0)

COLOR GROUP, INC.

City-St-ZIP

SIGNATURE:

Principal Place of Business Mailing Address 1080 NW BITH AVE 1080 NW 84TH AVE **PLANTATION FL 33322** PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0680472 Not Applicable 26 21 Suite Apt # etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEINSTEIN, KEN 555204-BOCA ARBOR WAY BOCA RATION FL 23423 (P.O. Box Number is Not Acceptable) 82 Street A · VAIVESITY 83 City 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 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 agent 1 am familiar with and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change 1.1 TITLE TETLE WEINSTEIN, KEN 1.2 NAME NAME 1 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition 2.1 TITLE TITLE FETT, PAUL 2.2 N/.ME NAME 1080 NW 84TH AVE 2.3 STREET ADDRESS STREET ADORESS **PLANTATION FL 33322** CITY-ST-ZIP 2.4 C TY - ST - ZIP Change Addition DELETE 317015 TITLE CARGILL, DARRELL 3.2 NJ.ME NAME 4781 VERONIC CIRCLE 3.3 STREET ADDRESS STREET ADDRESS FT WORTH TX 76137 CITY - ST - ZIP 3.4 C TY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TILLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$T - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 N/ME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition 61 TO LE TITLE 6.2 N/.ME 6.3 STREET ADDRESS STREET ADDRESS

64 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