

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19 1997 8:00 am
Secretary of State

DOCUMENT # P96000076759 (5)

1. Corporation Name
CARIBBEAN COLOURS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
PENTHOUSE 5 2285 GULF OF MEXICO DRIVE PENTHOUSE 5 2285 GULF OF MEXICO DRIVE
LONBOAT KEY FL 34228 LONBOAT KEY FL 34228

2. Principal Place of Business 2a. Mailing Address
21 8127 COPPER COAST BLVD 26 SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 UNIV. PARK FL 27
City & State City & State
23 34201 28
Zip Zip
24 Country 25 FL 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
09/16/1996 N/A
4. FEI Number 650 711 458 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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
PHENEY, JAMES F 81 Name
PENTHOUSE 5 2285 GULF OF MEXICO DRIVE 82 Street Address (P.O. Box Number is not acceptable)
LONBOAT KEY FL 34228 83
84 City 85 Zip Code FL

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: [Signature] DATE: 4-30-97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME JAMES F. PHENEY 1.2 NAME
STREET ADDRESS 2285 GULF OF MEXICO 34228 1.3 STREET ADDRESS
CITY-ST-ZIP LONBOAT KEY FL 1.4 CITY-ST-ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME SEVENTH CENTURY 2.2 NAME
STREET ADDRESS 2285 GULF OF MEXICO DR 2.3 STREET ADDRESS
CITY-ST-ZIP LONBOAT KEY FL 34228 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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: [Signature] 4-30-97 01259 1355

CR2E034 (9/96)