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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-71P

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096108 (1)

AMERICAN COLORS CORPORATION

3700 B MERCANTILE 25251 haval NAPLES FL 33942 SVITE 4 DO NOT WRITE IN THIS SPACE 'St havent, One. 3. Date Incorporated or Qualified HUL 2Z9 11/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0712898 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUTHERFORD, CHARLES E 81 Name 2600 N. MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **FOURTH FLOOR BOCA RATON FL 33431** 83 City 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 (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE Change STABILE, ALBERTO NAME 12 NAME 3375 SAVARD STREET ADDRESS 1.3 STREET ADDRESS ST. LAURENT, QUEBEC CANADA OC CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition STABILE, EMILIO NAME 2.2 NAME 3375 SAVARD STREET ADDRESS 2.3 STREET ADDRESS ST. LAURENT, QUEBEC CANADA OC CITY-ST-ZIP 2.4 CITY-\$T-ZIP DELETE TITLE Change Addition NAME 3.2 NAME

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 recoiver 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 chapter 607, an attachment with an address? EMLIO Shabile

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.4. CITY+ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

**6.1 TITLE** 

6.2 NAME

DELETE

DELETE

DELETE

(94) 337-QLMU

Change

Change

Addition

Addition

\_\_\_ Addition

FILED

Apr 27 1998 8:00am

Secretary of State