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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000103145

1. Corporation Name COLOR VISION AND GRAPHIC DESIGN, INC.

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90011 004 ***150.00



COLOR VIS	ION WAD CHALLED DESIG					
2		, , ,		1 (25)(25) (12)		
ncipal Place of	Business	Mailing Address				
OO NORTH HILLS DRIVE		3900 NORTH HILLS DRIVE		THE SPACE		
UITE 209		SUITE 209 HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE		
LYWOOD FL 3	3021	HOLLIWOOD FE SSOE		3. Date Incorporated or Qualifed		
				12/23/1996	Applie	
	·			4. FEI Number		
Principal Place	e of Business	2a. Mailing Address		65-0718499	1	plicable
FILICIPALT		26		 	\$8.75 Addi	
Suite, Apt. #,	etr	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requi	
Suite, Apr. #1		27		6. Election Campaign Financing	\$5.00 Ma	
City O Chata		City & State		Trust Fund Contribution	Added to F	ees
City & State	•	28		8. This corporation owes the current year	r Intangible	
	Country	Zip	Country	Personal Property Tax.		No
Zip	25	29 30	<u>)\</u>	10. Name and Address of New Registe	red Agent	
	a Name and Address of Current	t Registered Agent		10. Name 2.12		
	9. Name and Address of Carre	1 3 3 7 3 3 4 5 3	81 Name			
	, EITAN	Marine A	82 Street Add	iress (P.O. Box Number is Not Acceptable)	a gas e esta	. 27 35
DILLEL	NORTH HILLS DRIVE	Salar Contract		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· Bir (Angles S. E.)	1.
		•	83		13.11 58 14 1 1 1 1	
SUITE	200 004000 EL 22021	× 10			85 Zip Co	de
HOLL	YWOOD FL 33021		84 City		FL	raictored
1. Pursuant to office or reagent. I an	o the provisions of Sections 607.050 gistered agent, or both, in the State a familiar with, and accept the obliga			rporation submits this statement for the purportion's board of directors. I hereby accept the	TE	<u></u>
- agona run	State and or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature requ		RS AND DIRECTOR	S IN 12
SIGNATURE	State and or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature requ		TE.	S IN 12
SIGNATURE	State and or printed name of registered age	ent and title if applicable. (NOTE: I	Registered Agent signature requ		RS AND DIRECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: I NO DIRECTORS	13. 1.1 TITLE 1.2 NAME		RS AND DIRECTOR	S IN 12
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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 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 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 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 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 indicated on this annual report 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, with all other like empowered.