

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

FILED
Apr 23 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 # P97000014673 (2)
1. Corporation Name
COLORFAST, INC.



Principal Place of Business
2425 MICHIGAN STREET
MELBOURNE FL 32904

Mailing Address
2425 MICHIGAN STREET
MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 560 Escobar Ave NW Suite, Apt. #, etc. 22 City & State 23 Palm Bay FL Zip 24 32907		2a. Mailing Address 26 560 Escobar Ave NW Suite, Apt. #, etc. 27 City & State 28 Palm Bay FL Zip 29 32907		3. Date Incorporated or Qualified 02/12/1997	
25 U.S.		30 U.S.		4. FEI Number 59-3430461	
9. Name and Address of Current Registered Agent FALLACE, JAMES H 1900 S. HICKORY STREET MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T	1.1 TITLE	P/V P/S/T
NAME	Frank S Miller	1.2 NAME	David M Miller
STREET ADDRESS	2425 Michigan St	1.3 STREET ADDRESS	560 Escobar Ave NW
CITY - ST - ZIP	Melbourne FL 32904	1.4 CITY - ST - ZIP	Palm Bay FL 32907
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: David M Miller David M Miller 4/16/98 407 953-0161

CR2E034 (10/97)