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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9700039098

1. Corporation Name

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90026 015 \*\*\*150.00

MAJEST	IC COLORS, INC.										
Principal Place of Business Mailing Address					_		I (BBIGBBI ing initi ingli aniti saliti	II <b>18199</b> II	tin cares naces		
21 NW 23RD AVE. 21 NW 23RD AVE. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445						DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed	THIS	PACE		1
							04/30/1997				
2. Principal Place of Business			a. Mailing Address				4. FEI Number		<u> </u>	plied For	-
21			Cuita Ant 41 ata				65-0746761			ot Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired	1
City & State			City & State				C Flastice Compaign Financing			May Be	1
City & State			Ony di Olato				Election Campaign Financing     Trust Fund Contribution		Added	to Fees	
Zip Country			Zip Cour			,	8. This corporation owes the current y	ear Inta			1
'			¬ '				Personal Property Tax.		Yes	□No	İ
24 25 29 30 9. Name and Address of Current Registered Agent							10. Name and Address of New Regis	tered A	gent		1
PEREZ, RAUL					81	Name					
21 NW 23RD AVE.						Street Ad	dress (P.O. Box Number is Not Acceptable)				
	RAY BEACH FL 33445				83		, page transport				
					84	,		FL		Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 6 f Flori ons of	507.1508, Florida da. Such change f, Section 607.050	Statutes, the a was authorized 5, Florida Stat	bov d by utes	e-named co the corpora i.	rporation submits this statement for the purption's board of directors. I hereby accept the	ose of c appoint	hanging its Iment as re	registered egistered	
SIGNATURE								ATE			١ _
	Signature, typed or printed name of registered agent OFFICERS AND			(NOTE: Registered	Age	nt signature requ	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12	1/08)
12. TITLE	D OFFICERS AND	DIKI	DELI		TI F		ADDITIONO/DINANGEO TO OT 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	1 =
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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 attactor and address, with all other like empowered.

SIGNATURE: