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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000040969 (2)

POWER COLOR, INC.

Principal Place of Business

C/O JAMES A. STUBER. ESQUIRE 777 SOUTH FLAGLER DRIVE #800 WEST Mailing Address

C/O JAMES A. STUBER. ESQUIRE

FILED May 21 1998 8:00am Secretary of State



777 SOUTH FLAGLER DRIVE #800 WEST WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 65-0752107 図**5060 N** かりんき みんろ 80 NE 「フィア Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #903 Fee Required City & State **\$5.00** May Be 6. Election Campaign Financing PARK CALLAND Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA. Yes 25 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STUBER, JAMES A KLANG いりまく 777 SOUTH FLAGLER DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 800 WEST 83 WEST PALM BEACH FL 33401 CityOAKCAND 84 ections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of a office or registered agent, or agent, I am familiar with **SIGNATURE** of registered age of and tide if applicable (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE TITLE **STUBER.** JAMES A ESQ SOHW KLANU (NAME 1.2 NAME SOGO N DIKIG 777 S. FLAGLER DRIVE #800 WEST 1,3 STREET ADDRESS STREET ADORESS WEST PALM BEACH FL 33401 1,4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TILLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP If this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information familial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplier indicated on this annual report or supplier officer or director of the corporation or the

Block 12 or Block 13 if changed, or on a himent with an address. 00/29/90 (ac) 497 - 10115