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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000056804 (2)

COLORFLO INDUSTRIES, INC.

Principal Place of Business

Mailing Address

365 QUEEN AVENUE

365 QUEEN AVENUE

FILED Jul 09 1998 8:00am Secretary of State



OVIEDO FL 3278\$			OVIEDO FI	OVIEDO FL 32765			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 06/26/1997				
2. Principal P	lace of Business	3	2a. Mailing	Address			4. FEI Number	7	Applied For		
21			26						Not Applicable		
Suite, Apt.	#, etc.		Suite, Ap	Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional		
22			27				p. Commodo o otalido Comod	Fee	Required		
City & State			City & S	City & State			6. Election Campaign Financing		00 May Be		
23			28				Trust Fund Contribution		ed to Fees		
Zip	ļ	Country	Zip		Countr	ý	8. This corporation owes or has paid the curr	rent year] Yes	Intangible No		
24	25	4 4 4 4 4 6	29		30]		Personal Property Tax due June 30. 10. Name and Address of New Registered A		LI IND		
	_ 	a Address of Curi	rent Registered Ag	em	81	Name	10. Maine and Address of New Registered A	Mount			
	itinan, carl	14 41 44 0			Ľ.	Harrie					
	5 QUEEN AVE						82 Street Address (P.O. Box Number is Not Acceptable)				
OV	/IEDO FL 3276	35			83			<u> </u>			
					03	1					
					84	City	FL	B5 Z	ip Code		
		-10	207 4500	Clasida Crass	es the shor	lo pomod		changin	o its registered		
office or n agent I a	egi ste red agent m fa miliar voth,	or both, in the Standard accept the ob-	ale of Florida Such ligations of, Section	change was a 607.0505, Flo	authorized b orida Statute	y the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appropriate the properties of the properties of the purpose of th	ointment	as registered		
SIGNATURE	Signature, typed or p	nifled name of registered	agent and litter' applicable	(NOT	E Registered Ag	ent signature	required when reinstating) DATE				
12.		OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	D		L	DELETE	1.1 TITLE			☐ Chan	ge 🔲 Addition		
NAME	PITTMAN,				1.2 NAME						
STREET ADDRESS	365 QUEE				1.3 STREE	T ADDRESS					
CITY - ST - ZIP	OVIEDO FI	L 32765			1.4 CITY-	ST-ZIP		FT 2.	17		
TITLE	D.		_	DELETE	2.1 TITLE			☐ Chan	ge Addition		
NAME	William	UDSHAW			2.2 NAME						
STREET ADDRESS	1024 W	IIIA LAKES CA	2.		2.3 STREE	T ADDRESS					
CITY - ST - ZIP	OVIEDO.	VOSHAW VIIA GAZES CA FL. 32769			2. 4 CITY-	ST-ZIP			1 4 1 100		
TITLE	,		Ĺ	DELETE	3.1 TITLE	ł		Chan	ge L. Addition		
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREE	T ADDRESS					
CITY-ST-ZIP					3.4. CITY-	ST-ZIP		—			
TITLE			l	DELETE	4.1 TITLE			Chan	ge 🗀 Addition		
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE	T ADDRESS					
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		4.4 CITY -	S1 - 21P		1 7 2			
TITLE			[DELETE	5.1 TITLE			L Chan	ge Addition		
NAME					5.2 NAME				カ>		
STREET ADDRESS					5.3 STREE	1 Address			79		
CITY-ST-ZIP	<u>:</u>				5.4 CITY-	ST - ZIP			<u> </u>		
TITLE			Ι	DELETE	6.1 TITLE		والمال	Chan	ge L Addition		
NAME					6.2 NAME		00000258704 -07/13/980110702	ŧU.			
STREET ADDRESS					6.3 STREE	t address		.1			
CITY-ST-ZIP					6.4 CITY-	ST-7IP	***150.00				

14. Thereby 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 suppliemental 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 trusted 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 or an attachment with an address.