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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

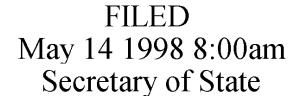
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058548 (3)

INTO COLOR CORPORATION

Principal Place of Business

Mailing Address





4/28/98

1002 DEBUEL Lutz Fl 3354		1002 DEBUEL ROAD LUTZ FL 33549		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				07/03/1997
	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 /28	FLAGSHIP DR.	26 P.O. BOY	K 1666	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired See Required
City & State	<b>a</b>	City & State	,	Election Campaign Financing \$5.00 May Be
23 LU	ITZ, FL.	28 LUTZ	FL.	Trust Fund Contribution Added to Fees
Zip 24 335 4	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 335 4	7  25	29 557 98 3	<u>ol</u>	Personal Property Tax due June 30. Yes No
	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
MAUCHICK, JAMES M JAMES RAUCHICK				
1002 DEBUEL ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)
LU	TZ FL 33549		83	28 FUTUSHIP DR.
			63	
			84 City	. いて2 <b>FL</b> 85 Zip Code 3 3 3 5 4 9
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 lin the State of Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules.				
SIGNATURE James M. Have Land the discrete Land (NOTE: Registered Agent signature required when reinstalling)  9/28/98 DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DEL ETE	1.1 TITLE	PRESIDENT Change Addition
NAME			1.2 NAME	JAMESM. KAUCHICK 128 FLACSHIP DR.
STREET ADDRESS			1.3 STREET ADDRESS	128 FLACSHIP DRI
CITY-ST-ZIP		T DELETE	1.4 C(TY - ST - ZIP	LUTL FL. 33549
TITLE		☐ DELETE	2.1 TITLE	L_ Change L_ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CHTY-ST-ZIP 3.1 TITLE	Change Addition
NAME		Deter	3.2 NAME	L_1 change
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	
TITLE		☐ DELETE	41 111LF	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	}
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	_		5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	
14. I hereby o	certify that the information supplied with	This filing does not qualify for the	the exemption stat	led in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature 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 on an attachment with an address.				