## 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

1800 HOLLYWOOD AVE. WINTER PARK FL 32789  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State City & State City & State	### Apt. #, etc.    State	Principal Place	of Business	M	ailing Address				
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   City & State   City & City & State   City & City & State   City & City	26   Apt. #, etc.   Suite, Apt. #, etc.   27		=		•				
Suite, Apt. #, etc.  22  City & State  City & State  City & State	Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  Country  Zip  Country  29  9. Name and Address of Current Registered Agent	<del>-</del>	ce of Business	<b>├</b> ──	Mailing Address				
City & State City & State	City & State   28   Country   Zip   Country   25   29   30       9. Name and Address of Current Registered Agent   City & State   Country   28   Country   29   30   Country   29   30   Country   29   30   Country   29   Country   20   Country		, etc.	26]	Suite, Apt. #, etc.				
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	Country Zip Country  25 29 30  9. Name and Address of Current Registered Agent	<b>—</b>		- H	City & State			•	
	25 29 30 9. Name and Address of Current Registered Agent	7in	Country	28	Zip.		Cour	ntrv	
	9. Name and Address of Current Registered Agent	<del></del>	·——	29	<b></b> F	30	7	,	
= · [			11	urrent Regis	tered Agent				
81 Nan	447004 HENDY I/		•				1	82	Street Addre
WATSON, HENRY K	1821 Street Addre						[		
WATSON, HENRY K 1800 HOLLYWOOD AVE.	800 HOLLYWOOD AVE.	WINTE	R PARK FL 32789				-	83	
WATSON, HENRY K	800 HOLLYWOOD AVE.							R4	City

FILED Apr 06, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Ma	ailing Address	<del></del> -			- -		140 10110 1 <b>8</b> 131 1	NA COLONIAL COLOR
1800 HOLLYWOO			O HOLLYWOOD AVE.							
WINTER PARK F			ITER PARK FL 32789				DO NOT WOIT	- IN TUIC C	DACE.	
							DO NOT WRITI  3. Date Incorporated or Qualifed	IN THIS S	PACE	
							00/15/1007		_	
2 Principal Pla	ace of Business	2a.	Mailing Address	_			4. FEI Number 57-37	1932	Api	plied For
21	add of Dadiness	26	<b>3</b>				NOT APPLICABLE		<u> </u>	t Applicable
Suite, Apt. #	#, etc.	1201	Suite, Apt. #, etc.						\$8.75 A	dditional
22		27					5. Certificate of Status Desired	ш	Fee Re	quired
City & State	g		City & State	_	-		6. Election Campaign Financing	`n	\$5.00	· 1
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	ļ	Zip	Cou	intry		8. This corporation owes the curre			□No
24	25	29		30	Į.		Personal Property Tax.  10. Name and Address of New Re		☐ Yes	LINO
11.11	9, Name and Address of Curre	ent Regis	tered Agent	_	81	Name	10. Name and Address of New Re	gistered A	gent	
WAT	SON, HENRY K					Hame				
	HOLLYWOOD AVE.				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ile)		
	ER PARK FL 32789				83					
******	ER FAIR LE GEFOG							**		
					84	City		FL	85 Zip (	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Statm familiar with, and accept the obliq	e of Florid	la. Such change was a	autnorized	ועסנ	tne corporatioi	oration submits this statement for the pin's board of directors. I hereby accept	urpose of o the appoin	hanging its tment as re	registered gistered
CICNATURE										
SIGNATURE	Signature, typed or printed name of registered a	gent and title i	if applicable. (NOT	E: Registered	l Agen	t signature required		DATE		
SIGNATURE	OFFICERS A		CTORS	13.		t signature required	when reinstating) ADDITIONS/CHANGES TO OFF			
	OFFICERS A		· · · · · · · · · · · · · · · · · · ·	13. 1.1 TF	TLE	it signature required			DIRECTO	RS IN 12
12.	P WATSON, KIP		CTORS	13. 1.1 TF 1.2 N/	TLE AME					
<b>12.</b> TITLE	P WATSON, KIP 1800 HOLLYWOOD AVE		CTORS	13. 1.1 TF 1.2 N/ 1.3 ST	TLE AME TREET	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789		CTORS DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	TLE AME FREET TY-ST	ADDRESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789 ST		CTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.3 TF	TLE AME TREET TY-ST	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789 ST RIGGINS, BARBARA		CTORS DELETE	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	TLE AME FREET TY-ST TLE AME	ADDRESS T-ZIP			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789 ST RIGGINS, BARBARA 850 E. LAKE DR	AND DIRE	CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TLE AME TREET TY-ST TLE AME TREET	ADDRESS T-ZIP ADDRESS			Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789 ST RIGGINS, BARBARA	AND DIRE	CTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 22 N/ 2.3 ST 2.4 C	TLE AME TREET TY-ST TLE AME TREET	ADDRESS T-ZIP ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789 ST RIGGINS, BARBARA 850 E. LAKE DR ALTAMONTE SPRINGS FL 32	AND DIRE	CTORS DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.3 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT	TLE AME TREET TY-ST TLE AME TREET TREET TLE TREET	ADDRESS T-ZIP ADDRESS			Change	Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WATSON, KIP 1800 HOLLYWOOD AVE WINTER PARK FL 32789 ST RIGGINS, BARBARA 850 E. LAKE DR ALTAMONTE SPRINGS FL 32	AND DIRE	CTORS  DELETE  DELETE  DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TLE TREET TY-ST TLE AME TREET TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP TADDRESS T-ZIP			Change Change	Addition Addition Addition
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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 enhowered to effect 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, with all other like empowered.

**SIGNATURE:** 

INTED NAME OF SIGNING OFFICER OR DIRECTOR