

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096578

Color GRAPHIX, INC.

Place of Business
TERRACE
L 33025
Mailing Address
2431 SW 84 TERR
MIRAMAR FL 33025
US



DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Qualification	11/12/1997		
2. FEI Number	59-3480013	Applied For	Not Applicable
3. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
4. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
5. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
WYNTER, ANTHONY R. 2431 SW 84 TERRACE MIRAMAR FL 33025	81 Name		
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	FL	85 Zip Code

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DPT WYNTER, ANTHONY R 2431 SW 84 TERR. MIRAMAR FL 33025	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
DVS WYNTER, CAMILLE A 2431 SW 84 TERR. MIRAMAR FL 33025	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I 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 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANTHONY R. WYNTER

8/31/99 (954) 432 9505

CR2E034 (5/99)