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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099871 (0)

COLOR BRIGHT PRINTING, INC.

Principal Place of Business	Mailing Address			
14605 49TH N., SUITE 11 14605 49TH N., SUITE 11				
CLEARWATER FL 34622	CLEARWATER FL 34622		DO NOT WRITE IN TH	HIS SPACE
			3, Date Incorporated or Qualified	
			11/16/1997	
2. Principal Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21 /4605 49 TN	26 5AN	<u>il</u>	59-347-7906	Not Applicable
Suite, Apl. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SCC / 1	City & State			Fee Required
City & State 23 CLEARWHITK FL	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid the	
24 33762 25	29	30	Personal Property Tax due June 30.	Yes No
a Name and Address of Currer		1	10. Name and Address of New Register	ed Agent
HUBINSKY, ALAN		81 Name	Was Magnetical	
14805 49TH N., SUITE 11		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34622			ress (P.O. Box Number is Not Acceptable)	RP
		83		
		84 City	.03	85 Zip Code
				L 37549
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State</li> </ol>	of Florida. Such change was a	authorized by the corporat	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes		
SIGNATURE Signature, typed or printed name of registered age	INOT	E. Registered Agent signature requi-	red when reinslating) DA1	
12. OFFICERS AN	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	· <del></del>
TITLE P.02	☐ DELETE	1.1 TITLE		Change Addition
NAME SLAY LIVER SILLY		1.2 NAME		
STREET ADDRESS	/ 1	1.3 STREET ADDRESS		
CITY-ST-ZIP CLOCKERSON FL	33762	1.4 CITY-ST-ZIP		
TITLE	☐ DELET <b>é</b>	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY - ST - ZIP		
TITLE	☐ DELETÉ	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	☐ OELETE	4.1 TITLE		Change Addition
NAME OTOGET ADDRESS		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-SY-ZIP 5.1 TITLE		Change Addition
NAME	OLLETE	5.2 NAME		change radition
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	<b>—</b>	6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
without reserved		2 3 STILL PROFILES		

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 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.