

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90046 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000022347

1. Corporation Name
COLOR PRO OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~841 NE 32ND ST.~~
POMPANO BCH FL 33064

Mailing Address
~~841 NE 32ND ST.~~
POMPANO BCH FL 33064

3. Date Incorporated or Qualified
03/09/1998

4. FEI Number
65-0817902

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. **Yes** **No**

2. Principal Place of Business
3060 NORtheast 10th Terrace

2a. Mailing Address
c/o GRUBER and Associates, P.A.

21 Suite, Apt. #, etc.
1650 Southeast 17th Street, Suite 5301

22 City & State
POMPANO BEACH FL

23 City & State
Fort Lauderdale FL

24 Zip **33064** Country **USA**

25 Zip **33316** Country **USA**

9. Name and Address of Current Registered Agent
BOWERS, MICHAEL
~~841 NE 32ND ST.~~
POMPANO BCH FL 33064

10. Name and Address of New Registered Agent
PTTD
3060 NORTHEAST 10th Terrace
POMPANO BEACH FL 33064

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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, MICHAEL	1.2 NAME	PTTD
STREET ADDRESS	841 NE 32ND ST.	1.3 STREET ADDRESS	3060 NORTHEAST 10th Terrace
CITY-ST-ZIP	POMPANO BCH FL 33064	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, LORI A	2.2 NAME	
STREET ADDRESS	841 NE 32ND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33064	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Michael Bowers Date: 1/19/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 954-522-2222

CR2E034 (11/98)