Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90049 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000049405

1. Corporation Name

COLOUR	ATIONS HAIH STUDIO, INC.						
Principal Place	e of Business	Mailing Address		=	F-10011001 100 (0101 (0111 0011) \$5111 00	स्वास्य काकाक स्वास्य कृतिस्य	**(\$(\$(3) \$ \$)
19941 GULF BLVD. #E INDIAN SHORES FL 33785		19941 GULF BLVD. #E INDIAN SHORES FL 33785		DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualifed 06/01/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-35 13106		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
22 City 8 State		City & State		- -	a Floring Compaign Financing		May Be
City & State	•				6. Election Campaign Financing Trust Fund Contribution	1	to Fees
Zip	Country	Zip	Countr	 y	8. This corporation owes the current		
24	25		30	-	Personal Property Tax.	Yes	□No
24	9. Name and Address of Current				10. Name and Address of New Regi	stered Agent	
			8	1 Name	•		
	TINGS, DAVID C		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptable))	
	1 GULF BLVD. #E					<u> </u>	
INDIA	AN SHORES FL 33785		83	3]
							I I
			84			FL	Code
office or re agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut	s, the abor	ve-named corpo	oration submits this statement for the purpor's board of directors. I hereby accept the	PL Dose of changing its	registered
office or re agent. I at	egistered agent, or both, in the State o	of Florida. Such change was autions of, Section 607.0505, Florid	s, the aborthorized by da Statute	ve-named corpo	on's board of directors. Thereby accept the	PL Dose of changing its	registered
office or re agent. I at	egistered agent, or both, in the State on meaniliar with, and accept the obligation	of Florida. Such change was autions of, Section 607.0505, Floridate of applicable. (NOTE: f	s, the aborthorized by da Statute	ve-named corporations.	on's board of directors. Thereby accept the	pose of changing its e appointment as re	s registered egistered
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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.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

Addition