


FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90020 019 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000087731

1. Corporation Name

COLOR KEY GRAPHICS CORPORATION

| | |
|--|--|
| Principal Place of Business 6880 GULFPORT BLVD S #241 ST PETERSBURG FL 33707 | Mailing Address 6880 GULFPORT BLVD S #241 ST PETERSBURG FL 33707 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/13/1998 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3588987 | Applied For Not Applicable |
| 22 | City | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Zip | 30 | Country |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

FOGLESON, WILLIAM G
10050 YACHT CLUB DR S
TREASURE ISLAND FL 33706

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

| | | | |
|----------------------------|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | President | 1.2 NAME | |
| STREET ADDRESS | William Fogleson | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 10050 Yacht Club Dr. S. | 1.4 CITY-ST-ZIP | |
| | TREASURE Island, FL 33706 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.2 NAME | |
| NAME | Wm. G. FOGLESON | 2.3 STREET ADDRESS | |
| STREET ADDRESS | 10050 YACHT CLUB DR. S. | 2.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | TREASURE ISLAND, FL 33706 | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 3.2 NAME | |
| NAME | | 3.3 STREET ADDRESS | |
| STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 4.2 NAME | |
| NAME | | 4.3 STREET ADDRESS | |
| STREET ADDRESS | | 4.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 5.2 NAME | |
| NAME | | 5.3 STREET ADDRESS | |
| STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.2 NAME | |
| NAME | | 6.3 STREET ADDRESS | |
| STREET ADDRESS | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Daytime Phone #

CR2E034 (11/98)