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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90083 029 \*\*\*150.00

1. Corporation		)9199 <i>1</i>					
Principal Place	of Business	Mailing Address			I (BOILES) IND INDICIDAL COLOR SOLIS DELLA		10111 1001
6978 N.W. 62ND TERRCE 6978 N.W. 62ND TERRCE							
PARKLAND FL 33067 PARKLAND FL 33067							
					DO NOT WRITE IN THIS	SPACE	1
					3. Date Incorporated or Qualifed 10/28/1998		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21					65-0875793	<del></del>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27					<u> </u>	Fee Re	<u> </u>
City & State City & State					6 Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int		
24 25 29 3			0	Personal Property Tax. Yes No			∐No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
0010			81	Name			
Spute, Kathleen			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
6978 N.W. 62ND TERRCE							
PARI	KLAND FL 33067		83				
			84	City		85 Zip C	Code
			the above-named corpo		FL	<b>.</b>   ``   `	]
SIGNATURE	rn familiar with, and accept the obligation	and title if applicable. (NOTE: Ro	egistered Agen	it signature required		UD DIRECTO	DC IN 12
<u> 12.</u>	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
TITLE			1.1 TITLE				
NAME	SPUTE, KATHLEEN		12 NAME			•	
STREET ADDRESS	1		1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	PARKLAND FL 33067	□ pereze	1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			2.1 TITLE			Change	
NAME	Of OTE, 11. WILLIAM OF		2.2 NAME				
STREET ADDRESS	6978 N.W. 62ND TERRCE		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP		Change	Addition
TITLE	_ •		3.1 TITLE			☐ Change	~
NAME			3.2 NAME				
STREET ADDRESS	<b>■</b>			TADDRESS			
CITY-ST-ZIP		C Sei des	3.4. CITY-S	T-ZIP		☐ Change	Addition
TITLE		. DELETE	4,1 TITLE			L" cuanda	
NAME	·		4. 2 NAME				,
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Channe	Addition
TITLE			5.1 TITLE			Change	LJ AUUIUOII
NAME			5.2 NAME			•	
STREET ADDRESS	33		5.3 STREET	ŀ			j
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			Addition
TITLE	· Deceive		6.1 TITLE			Change	☐ ∀aassou ;
NAME			6.2 NAME				}
STREET ADDRESS			6.3 STREET	1			,
CITY-ST-ZIP	,		6.4 CITY-S	T-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 outh; 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 of an atfachment with an address, with all other like empowered.

SIGNATURE:

RE RECHILLED AM SPUTE, JR.

ME OF SIGNING OFFICER OR DIRECTOR

D