

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04767 (7)**
1. Corporation Name
COLOR PRINT II, INC.



Principal Place of Business: **125 S. GARDEN AVENUE CLEARWATER FL 34616**
Mailing Address: **610 COURT STREET CLEARWATER FL 34616 US**

3. Date Incorporated or Qualified: **10/03/1990**
3a. Date of Last Report: **06/30/1995**
4. FEI Number: **59-3130014**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **610 COURT STREET**
2a. Mailing Address: **610 COURT STREET**
22. Suite, Apt. #, etc.:
23. City & State: **CLEARWATER**
24. Zip: **34616** 25. Country: **FL**
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: 29. Country:

9. Name and Address of Current Registered Agent
**GOURGON, JAMIE
1021 A. MICHIGAN DR. W.
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent
81. Name: **JAMES McPhee**
82. Street Address (P.O. Box Number is Not Acceptable): **14 N. Hillcrest Ave**
83.
84. City: **CLEARWATER** 85. Zip Code: **FL 34615**

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 607.0605, Florida Statutes.

SIGNATURE: *James McPhee* (Signature, typed or printed name of registered agent and title, if applicable) *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEARCE, DONNA	
STREET ADDRESS	#1 HARBOR WOODS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARCE, BETTY	
STREET ADDRESS	#1 HARBOR WOODS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PECKHAM, LORI	
STREET ADDRESS	1731 HOWE AVE. #504	
CITY-ST-ZIP	SACREMETO CA 95825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Betty Pearce
1.3 STREET ADDRESS	1 HARBOR WOODS DR
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Betty Pearce* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **4/15/96** TELEPHONE # **813-447-8400**

CR2E034 (12/95)