

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S24163 (5)  
1. Corporation Name  
REDI-COLOR, INC.



Principal Place of Business  
880 SW 10TH AVENUE  
BAY 7 R  
POMPANO BEACH FL 33069  
US

Mailing Address  
880 SW 10TH AVENUE  
BAY 7R  
POMPANO BEACH FL 33069  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 5731 NE 14TH AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 FORT LAUDERDALE FL  
Zip Country  
24 33334 25 US  
2a. Mailing Address  
26 5731 NE 14TH AVE  
Suite, Apt. #, etc.  
27  
City & State  
28 FORT LAUDERDALE FL  
Zip Country  
29 33334 30 US

3. Date Incorporated or Qualified  
12/31/1990  
4. FEI Number  
65-0247035  
Applied For  
Not Applicable  
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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARK, MARTIN  
880 SW 10 AVE  
BAY 7R  
POMPANO BEACH FL 33069

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5149 NW 85 RD  
83  
84 City  
CORAL SPRINGS FL 85 Zip Code  
33067

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARK, MARTIN  
880 SW 10TH AVENUE, BAY 7R  
POMPANO BEACH FL  
[ ] DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE  
TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
5149 NW 85 RD  
CORAL SPRINGS FL 33067  
[X] Change [ ] Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
[ ] Change [ ] Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
[ ] Change [ ] Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
[ ] Change [ ] Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
[ ] Change [ ] Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
600002512546  
-05/06/98--01012--030  
\*\*\*150.00  
[ ] Change [ ] Addition

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.

SIGNATURE:

MARTIN C MARK 429.45 267 92 92

CR2E034 (10/97)