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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$41802

(7)

KOLOR PROPERTIES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED

Apr 28 1997 8:00am

Secretary of State

| 5665 LA GORCI MIAMI BEACH I | | 5665 LA GORCE DRIVE MIAMI BEACH FL 33140-2139 | | | | | | | |
|---------------------------------------|--|--|-------------------------|--|---------------------------------------|--|-------------------------------|------------------------------|------------------------|
| | | | | |] - | Date Incorporated or Qualifie | 1 | ate of Last R /01/1996 | leport |
| 2. Principal FI | ace of Business | 2a. Mailing Address | • | 0 | . 4 | , FEI Number | | Ar | pplied For |
| <u>) الحکا 21</u> | Virginia 21 | 26 3310 VIX | द्याय | 10 D | 1 | 65-0259034 | | | ot Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | <u> </u> | · | 5 | , Certificate of Status Desired | | | Additional equired |
| Stly & State | , , , , , , , , | City & State | $\overline{}$ | - | _ 6 | . Election Campaign Financing | | | May Be |
| 23 <u>CO</u> C.O | Country, | 28 Cocout | Oountr | VQ T | | Trust Fund Contribution | | | to Fees |
| 24 "SS | 1133 25 11.5A | m33338 | <u> </u> | ίςΔ | 8 | This corporation has liability Florida Statutes | for intangible | | . 199.032, |
| 24 | 9 Name and Address of Current | | · | | 10 | Name and Address of New | | | |
| SHE | AR, KENNETH W. | | 61 | Name | | | | | |
| | LA GORCE DRIVE | | 82 | Street A | Address (| P.O. Box Number is Not Accep | table) | | ····· |
| | MI BEACH FL 33140 | | | On the Address (F.O. DOX Multiple to Not Acceptable) | | | | | |
| | | | 83 | 3 | | | | | |
| | | | 84 | City | | | | 85 Zip | Code |
| | · | | [] | 1 | | | <u>FL</u> | . [| |
| office or re agent I ar | to the provisions of Sections 607,0502 egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida. Such change was aut | horized b | w the corpo | oration's | board of directors. I hereby ac | cept the app | oointment as | registered |
| SIGNATURE | Signature, type-d or printed name of registered agent | and tille if applicable. (NOTE: P | agistered Ag | gent signature re | required wh | en reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | · | | ADDITIONS/CHANGES TO O | FICERS AN | D DIRECTOR | RS IN 12 |
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | | | | | Change | Addition Addition |
| NAMÉ | Shear, Kenneth W. | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 5685 LA GORCE DRIVE | | 1.3 STREE | T ADDRESS | | | | | |
| CITY - ST - ZIP | MIAMI BEACH FL | | 1.4 CITY- | ST-ZIP | L | | | · | |
| TITLE | T | ☐ DELETE | 21 TITLE | | | | | L Change | |
| NAME | SHEAR, KENNETH W. | | 22 NAME | İ | | | | | |
| STREET ADDRESS | 5665 LA GORCE DRIVE | | 2.3 STREE | T ADDRESS | | | | | |
| CITY - ST - ZIP | MIAMI BEACH FL | | 2. 4 CITY | -ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | L Change | Addition |
| NAME. | | | 3.2 NAME | . 1 | | · · | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | |
| CITY - ST - ZIP | | Deitte | 3.4. CITY- | -ST-ZIP | | | | Change | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | _ [| | | | Change | וייין אממוווטוו |
| NAME | | | 4. 2 NAMI | 1 | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | | |
| CITY-SI-7IP | | DELETE | 4.4 CITY - 5.1 TITLE | | | | | Change | Addition |
| TITLE | | L. DECCIL | ľ | l l | | | | علايوني ت | /NGN(IOI) |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | • | T ADDRESS | | | | | |
| CITY-SI-ZIP TITLE | | DELETE | 5.4 CITY- 61 TITLE | | | | | Change | Addition |
| | | - Deferie | 62 NAME | | ' | | | المرابعة المالي | Addition |
| NAME Profes Annoses | | | l | ET ADDRESS | | | | | |
| STREET ADDRESS | | ! | 1 | i i | | | | | |
| CHY-ST-ZIF | by certify that the information supplied | with this filing does not qualify | 6.4 CITY- for the ex | amation at | tated in S | Section 119.07(3)(i) Floride Sta | utes I furthe | er certify that | t the |
| informatio I am an ol appears i | by certify that the information supplied in indicated on this annual report or su flicer or director of the corporation or t in Block 12 or Block 13 it changed, or | pplemental annual report is true no seeiver or trustee empower no attachment with an addre | and acced to exe | curate and i | that my eport as | signature shall have the same required by Chapter 607, Flori | egal effect a la Statutes; | is if made un and that my | ider oath; tha name |