SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S59262

(3)

COLORS INC. OF FORT LAUDERDALE

FILED Oct 07 1998 8:00am Secretary of State

Principal Place of Bus iness	Mailing Address	DO NOT WRITE IN THIS SP ACE	
041 SW 21 PL NLDG 4 DAVIE FL 33317 IS	7041 SW 21 PL BLDG 4 DAVIE FL 33317 US		
		3. Date Incorporated or Qualified 06/13/1991	
2. Principal Place of Business	2a. Malling Address	4. FEI Number	pplied For

65-0262183 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Country Country Zip 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TRAGER, ROSS CPA ence 1000 N HIATUS RD Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33026 R3 SOU! Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the abouffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statute. ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DP 1.1 TITLE TITLE DELETE Change Addition PENCE, RONALD 1.2 NAME NAME 13240 S.W. 32 COURT STREET ADORESS 1.3 STREET ADDRESS DAVIE FL CiTY-ST-ZiP 1.4 CITY-ST-ZIP ĎΫ TITLE DELETE 2.1 TITLE L Change Addition ZOPHRES, WILLIAM C. NAME 2.2 NAME 220 N. FIG TREE LANE STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIF 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change DELETE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE ____ Addition __ Change 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

CICAL THION CHIEF HEIL & Per 9/27/21 954-413-8

CR2E034 (5/98)