1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S59262

COLORS INC. OF FORT LAUDERDALE

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90028 038 ***150.00



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Principal Place	e of Business	Mailing Address				1136111	I	SIM ITHE HINDS		ITAL) BIRIL (RBI	
7041 SW 21 PL		7041 SW 21 PL									
BLDG 4		BLDG 4 DAVIE FL 33317			DO NOT WRITE IN THIS SPACE						
DAVIE FL 33317						3. Date Incorp	3. Date Incorporated or Qualifed				
						06/13/19	91				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Numbe		-	Ap	plied For	
21		26				65-0262	183		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5 Ta	5 Certificate of	of Status Desired		\$8.75		
22	. <u> </u>	27				J. Octaiodio C			Fee Re	-i	
City & State		City & State					mpaign Financing			May Be -	
23		28		4			Contribution		Added	to Fees	
Zip	Country	Zip		untry			ation owes the curr roperty Tax.	ent year In	itangible Yes	□No	
24	9. Name and Address of Curren	29 Agent	30	T			Address of New F	Registered			
	9. Name and Address of Culter	it Keñisteten Wäeiir		81	Name	10. Hattie Gild		<u>g</u>			
PEN	CE, RON			Ш							
	SW 21 PT			82	Street Add	iress (P.O. Box Nu	nber is Not Accepta	able)		}	
	IE FL 33317			83					7		
				84	City			Fi	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607:1508, Florida Sta	atutes, the a	above-	named corp	poration submits th	s statement for the	purpose o	f changing its	registered	
	anistared agent or both in the State :	of Florida, Such change wa	is authorized	ed by th	ha comorati	tion's board of direc	tors. I hereby accep	ot the appo	ontment as re	gistered)	
office or r	egistered agent, or both, in the State of the familiar with and accept the obligation	tions of Section 607.0505.	Florida Stat	tutes.	ne corporati	•		1			
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505,	Florida Stat	tutes.		ine	4/26/	99			
office or ragent. I a	egistered agent, or both, in the State im familiar with, and accept the obligation of segistered agent states agent agen	tions of, Section 607.0505,	Florida Stat	jutes.	بر / -	red when reinstating)	4/26/	G G DATE			
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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 with all other like impowered.