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

May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # V10565 (2) COLORBURST, INC. Principal Place of Business Mailing Address 2317 WINTER PARK ROAD 2317 WINTER PARK ROAD WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3113070 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURTON, V.A. 2317 WINTER PARK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32780 83 City Zip Code 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME TURTON, V.A. 1.2 NAME CR2E034 2317 WINTER PARK ROAD STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-SY-7IP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS A 3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

Vivian A Turton

64 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 suppliemental 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 trustoe 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:

SIGNATURE:

A Turton 4-28-98 407-628-18-25

STREET ADDRESS

CITY-ST-ZIP

FILED