

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V29541** (2)

1. Corporation Name

**COLOR DECK, INC.**



Principal Place of Business: **13542 PERIWINKLE AVE SEMINOLE FL 34646 US**  
Mailing Address: **13542 PERIWINKLE AVE SEMINOLE FL 34646 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/13/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3130321**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**VALENTE, ANTHONY P., JR.  
2730 CENTRAL AVE  
ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	JENNINGS, WILLIAM P	
STREET ADDRESS	13542 PERIWINKLE AVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JENNINGS, KATHY	
STREET ADDRESS	13542 PERIWINKLE AVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REED, TODD	
STREET ADDRESS	13542 PERIWINKLE AVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BILLS, KENNETH	
STREET ADDRESS	13542 PERIWINKLE AVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Matthew Kholos	
33 STREET ADDRESS	13542 Periwinkle Ave	
34 CITY-ST-ZIP	Seminole, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kathy Jennings* Kathy Jennings 4-29-96 813 392 6561

CP2E034 (12/95)