

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29541 (2)

1. Corporation Name
COLOR DECK, INC.



Principal Place of Business 13542 PERIWINKLE AVE SEMINOLE FL 34846 US	Mailing Address 13542 PERIWINKLE AVE SEMINOLE FL 34846 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13542 Periwinkle Ave	2a. Mailing Address 26 13542 Periwinkle Ave	3. Date Incorporated or Qualified 04/13/1992	4. FEI Number 59-3130321	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
23 City & State Seminole FL	28 City & State Seminole FL	24 Zip 33776	25 Country US	29 Zip 33776
30 Country US				

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		
B1 Name				
B2 Street Address (P.O. Box Number is Not Acceptable)				
B3				
B4 City	FL	B5 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, WILLIAM P	1.2 NAME	
STREET ADDRESS	13542 PERIWINKLE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, KATHY	2.2 NAME	
STREET ADDRESS	13542 PERIWINKLE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOLAS, MATTHEW	3.2 NAME	
STREET ADDRESS	13542 PERIWINKLE AVENUE	3.3 STREET ADDRESS	Scott Huff
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	13542 Periwinkle Ave. Seminole FL
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLS, KENNETH	4.2 NAME	
STREET ADDRESS	13542 PERIWINKLE AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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)(l), 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* **March 30, 1998** 813-392-6561

CR2E034 (10/97)