

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V55606 (0)
1. Corporation Name
COLORTRONIX, INC.

Principal Place of Business Mailing Address
1405 POINSETTIA DR 1501 CORPORATE DR., STE. 150
BUILDING G BAY 9 BOYNTON BCH. FL 33426
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/03/1992 3a. Date of Last Report 10/20/1994
4. FEI Number 65-0364912 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLE, M K
1501 CORPORATE DR., STE. 150
BOYNTON BCH. FL 33426

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN HOOGEN, THOMAS NEIL	1.2 NAME	
STREET ADDRESS	2093 CIRCLE PLACE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	VAN HOOGEN, THOMAS	2.2 NAME	
STREET ADDRESS	3058 PINEHURST DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	
TITLE	VST	3.1 TITLE	☐ Change ☐ Addition
NAME	FULLE, M K	3.2 NAME	
STREET ADDRESS	1501 CORPORATE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH. FL 33426	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 in an attachment with an address.

SIGNATURE:

MK Fulle MK Fulle

3/13/95 (407) 138-2199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type in 1 Year)