

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:32

DOCUMENT # **548533** / (9)

1. Corporation Name
RAINBOW SPRINGS REALTY CORP.

Principal Place of Business Mailing Address
**ONE COMMERCIAL PLAZA, ATTN: J. KORZENIK
C/O CHASE ENTERPRISES
HARTFORD CT 06103**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/05/1977** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-1772181** 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
**ST LOUIS, ROLAND R JR
FRIEDMAN, RODRIGUEZ, & FERRARO, P.A.
200 SOUTH BISCAYNE BLVD/5150 F.W.F.O.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **201 S. Biscayne Blvd., 2300 Miami Center**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.0508, 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 *Roland R. St. Louis, Jr.* **Roland R. St. Louis, Jr.** **3-29-95**
NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AB-	1.1 TITLE	AV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELET, MARG	1.2 NAME	TARBERT, FRANK
STREET ADDRESS	19152 SW 81 PL RD	1.3 STREET ADDRESS	19152 SW 81 PL RD
CITY - ST - ZIP	DUNNELLON FL	1.4 CITY - ST - ZIP	DUNNELLON, FL
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, DAVID T	2.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ARNOLD L	3.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN CHERYL C	4.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLRIDGE, LOWELL P.	5.2 NAME	
STREET ADDRESS	8159 S US HWY 41	5.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JAMES T	6.2 NAME	
STREET ADDRESS	19152 SW 81 PL RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	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 119.07(3)(b), 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 the 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: *Cheryl Chase Freedman* **Cheryl Chase Freedman** **3/27/95** (203) 549-1674
NOTE: Signature and typed or printed name of signing officer or director. Date Signature Printed