

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G04696 (2)
 1. Corporation Name RAINBOW SALES, INC.



Principal Place of Business: 13900 U.S. HWY 19 N SUITE C CLEARWATER FL 34624 US
 Mailing Address: 2071 W. FIRST ST. FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5159 MAJORCA CLUB DR. Suite, Apt. #, etc. 22
 City & State: 23 BOCA RATON City & State 27
 Zip: 24 33486 Country: 25 Zip: 28 F Country: 29 30

3. Date Incorporated or Qualified: 10/11/1982
 4. FEI Number: 59-2349569 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

PLOTTS, CHARLES M
 13900 U.S. HWY 19 N.
 CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: J WAUFORD
 82 Street Address (P.O. Box Number is Not Acceptable): 5159 MAJORCA CLUB DR.
 83
 84 City: BOCA RATON FL 85 Zip Code: 33486

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: Judy C. WAUFORD Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE: 8-11-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PLOTTS, CHARLES M	
STREET ADDRESS	13900 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAY, NICOLE E.	
STREET ADDRESS	8 SOUTH RD	
CITY-ST-ZIP	HAMPDEN MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PLOTTS, RICHARD C.	
STREET ADDRESS	60 BEARWALLOW RD	
CITY-ST-ZIP	SAPPHIRE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PLOTTS, CHARLES M	
1.3 STREET ADDRESS	8555 W. SAHARA DR.	
1.4 CITY-ST-ZIP	LAS VEGAS, NV, 89117	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), 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: [Signature] FROM: PLOTTS, CHARLES M. DATE: 7-22-98 TIME: 707-804-1130

CR2E034 (5/98)