

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, IMMEDIATE AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:18

**DOCUMENT # K26329 (8)**

1. Corporation Name  
**RAINBOW BEND RESORTS, INC.**

Principal Place of Business Mailing Address  
**PO BOX 38672 FT LAUDERDALE FL 33330 US** **PO BOX 38672 FT LAUDERDALE FL 33330 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1988** 3a. Date of Last Report **08/12/1994**  
 4. FEI Number **65-0065492** 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**  
 7. The corporation has established an annual tax under s. 199 (32) Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**EDISON, GEORGE S  
 2829 E COMMERCIAL BLVD  
 STE 605  
 FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
 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 field) \_\_\_\_\_ (Registered Agent signature required when transferring) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	NAME <b>EDISON, GEORGE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2829 E COMMERCIAL BLVD</b>	CITY, ST, ZIP <b>FT. LAUDERDALE FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	
CITY, ST, ZIP		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		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(1)(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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment to this report on an address.

SIGNATURE: *George S. Edison* **George S. Edison** 6/29/95 305/337-9405

CR2E034 (3/95)