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 MAY -1 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072442 (4)

1. Corporate Name

RAINY TUESDAY, INC.

Principal Place of Business: ~~7061 W. COMMERCIAL BLVD. SUITE 5K TAMARAC FL 33319~~

Mailing Address: ~~7061 W. COMMERCIAL BLVD. SUITE 5K TAMARAC FL 33319~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 210 N. University DR
22 Suite, Apt # etc: STE 502
23 City & State: Coral Springs, FL.
24 Zip: 33071
25 Country:

2a. Mailing Address
26 210 N. University DR
27 Suite, Apt # etc: STE 502
28 City & State: Coral Springs, FL
29 Zip: 33071
30 Country:

4. FEI Number: Applied for — ☐ 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

9. Name and Address of Current Registered Agent

SCHIEB, ARLINE
7061 W. COMMERCIAL BLVD.
SUITE 5K
TAMARAC FL 33319

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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHIEB, ARLINE
STREET ADDRESS	~~7061 W. COMMERCIAL BLVD., SUITE 5K~~
CITY-ST-ZIP	~~TAMARAC FL 33319~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☐ Change ☐ Addition
11 TITLE		
12 NAME		
13 STREET ADDRESS	210 N University DR 502	
14 CITY-ST-ZIP	Coral Springs, FL. 33071	

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: X Arline Schieb Arline Schieb 4/20/95 305 346 7258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0226913 CP