

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **277256** (4)  
1. Corporation Name  
**ALTON RAINBOW CORPORATION**



Principal Place of Business: **400 W LAKE BRANTLEY P.O. BOX 607000 ALTAMONTE SPRINGS FL 32714**  
Mailing Address: **400 W LAKE BRANTLEY P.O. BOX 607000 ALTAMONTE SPRINGS FL 32714**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/08/1964</b>	<b>05/01/1995</b>
4. FEI Number	Applied For
<b>59-1036515</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MOFFIT, THOMAS H  
150 VALMORA DRIVE  
PO BOX 181799  
CASSELBERRY FL 32718-8799**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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]* DATE: **4/11/96**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>MOFFIT, THOMAS, JR</b>	
STREET ADDRESS	<b>304 CRANE COVE</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 00000</b>	
TITLE	<b>D</b>	
NAME	<b>MOFFIT, ALICE</b>	
STREET ADDRESS	<b>304 CRANE COVE</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 00000</b>	
TITLE	<b>PD</b>	
NAME	<b>MOFFIT, THOMAS</b>	
STREET ADDRESS	<b>304 CRANE COVE</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 00000</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>SEC.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>150 VALMORA DRIVE</b>		
2.3 STREET ADDRESS	<b>P. O. Box 181799</b>		
2.4 CITY-ST-ZIP	<b>Casselberry, FL 32718-8799</b>		
3.1 TITLE	<b>PASS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>150 VALMORA DR.</b>		
3.3 STREET ADDRESS	<b>P. O. Box 181799</b>		
3.4 CITY-ST-ZIP	<b>Casselberry, FL 32718-8799</b>		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>200001882672</b>		
5.3 STREET ADDRESS	<b>-07/03/96--01018--014</b>		
5.4 CITY-ST-ZIP	<b>***200.00</b>		
6.1 TITLE			
6.2 NAME			
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 119.07(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 trustee or trust company 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]* DATE: **4/11/96**  
THOMAS H. MOFFIT - PRES.

CR2E034 (12/95)