

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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/08/1964**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1036515**
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
**MOFFIT, THOMAS H
150 VALMORA DRIVE
PO BOX 181799
CASSELBERRY FL 32718-8799**

10. Name and Address of New Registered Agent (81-85)
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 607.0805, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/11/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOFFIT, THOMAS, JR	
STREET ADDRESS	304 CRANE COVE	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOFFIT, ALICE	
STREET ADDRESS	304 CRANE COVE	
CITY-ST-ZIP	LONGWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOFFIT, THOMAS	
STREET ADDRESS	304 CRANE COVE	
CITY-ST-ZIP	LONGWOOD, FL 00000	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEC. VALMORA DRIVE
2.3 STREET ADDRESS	P. O. Box 181799
2.4 CITY-ST-ZIP	Casselberry, FL 32718-8799
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	150 VALMORA DR.
3.3 STREET ADDRESS	P. O. Box 181799
3.4 CITY-ST-ZIP	Casselberry, FL 32718-8799
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	200001882672
5.3 STREET ADDRESS	-07/03/96--01018--014
5.4 CITY-ST-ZIP	***200.00
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 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)