

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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 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] DATE: 7/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFIT, THOMAS, JR	12 NAME	
STREET ADDRESS	304 CRANE COVE	13 STREET ADDRESS	2493 Rivertree Circle
CITY-ST-ZIP	LONGWOOD, FL 00000	14 CITY-ST-ZIP	Sanford, FL 32771
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFIT, ALICE	22 NAME	
STREET ADDRESS	304 CRANE COVE	23 STREET ADDRESS	P. O. Box 181799 MA
CITY-ST-ZIP	LONGWOOD, FL 00000	24 CITY-ST-ZIP	Casselberry, FL 32718-8799
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFIT, THOMAS	32 NAME	
STREET ADDRESS	304 CRANE COVE	33 STREET ADDRESS	P. O. Box 181799 MA
CITY-ST-ZIP	LONGWOOD, FL 00000	34 CITY-ST-ZIP	Casselberry, FL 32718-8799
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment to an address.

SIGNATURE: [Signature] DATE: 7/11/96
THOMAS H. MOFFIT - PRES.

CR2E034 (3/96)