

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Jul 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 277256 (4)**

1. Corporation Name  
**ALTON RAINBOW CORPORATION**

Principal Place of Business <b>400 W LAKE BRANTLEY P.O. BOX 607000 ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>400 W LAKE BRANTLEY P.O. BOX 607000 ALTAMONTE SPRINGS FL 32714</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>400 W. Lake Brantley</b> Suite, Apt. #, etc.	26 <b>400 W. Lake Brantley</b> Suite, Apt. #, etc.
22 City & State <b>Altamonte Springs, FL</b>	27 City & State <b>Altamonte Springs, FL</b>
23 Zip <b>32714</b>	25 Country <b>USA</b>
24 Zip <b>32714</b>	29 Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/08/1964</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1036515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MOFFIT, THOMAS H 150 VALMORA DRIVE PO BOX 181799 CASSELBERRY FL 32718-8799</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOFFIT, THOMAS, JR</b>	1.2 NAME	
STREET ADDRESS	<b>2493 RIVERTREE CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANFORD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOFFIT, ALICE</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 181799 NA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOFFIT, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 181799 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASELBERRY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, on an attachment with an address.

**THOMAS H. MOFFIT, JR.** 7-21-97

CR2E034 (4/97)