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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

Corporation Name

**DOCUMENT #** 

RAINBOW MANAGEMENT SERVICES, INC.

Apr 25 1996 8:00 am DIVISION OF CORPORATIONS Secretary of State (8)

**FILED** 

Principal Place o	f Business	Mailing Address	% BEVERLY BERTHELOT I-2 PEBBLE CREEK DRIVE							
% BEVERLY I	REEK DRIVE	1-2 PEBBLE CREEK								
ASHEVIILE N	C 28803	ASHEVIILE NC 28803							30/1995	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		Applie		
		26				59-1842098		Not A	pplicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	_, ' '			5. Certificate of Status Desired		Fee Required		
City & State		Orty & State				6. Election Campaign Financing		\$5.00 Ma	зу Ве	
]		28				Trust Fund Contribution		Added to F		
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in		under si 199.	032,	
i .	25	29	30			Florida Statutes				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	egistered A	gent		
			-	81	Name					
DEELE	ALICTINI C			82	Street Add	ress (P.O. Box Number is Not Acceptable	9)			
PEELE, AUSTIN S. 327 N. HERNANDO ST.				02	OHOO! 7103		,			
	TY FL 32055			83						
LAKE C	111 FL 32000							85 Zip Cod		
				84	City		FL	85 Zip Cod	Je	
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12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OTT		- 40 '40"	Additio	
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NAME	BERTHELOT, LARRY			NAME						
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NAME	Berthelot, Beverly			KAME						
STREET ADDRESS	I-2 PEBBLE CREEK DRIVE		2.3	STREE	CADORESS					
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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 certify 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

5.2 NAME

6 1 THLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STHEFT ADDRESS

6.4 C:TY - ST - ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY - ST-ZIP

STREET ADDRESS

DELETE

Addition

Change