

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 548075 (1)
Corporation Name
RAINBOW TRAVEL SERVICES, INC

Principal Place of Business
11 A E COLONIAL DR
ORLANDO FL 32803

Mailing Address
1911 A E COLONIAL DR
ORLANDO FL 32803



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 426 E. Hwy 434		26 426 E. Hwy 434		10/01/1977		04/24/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				59-1769930		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 WINTER SPRINGS, FL.		28 WINTER SPRINGS, FL.		☐		☐	
24 Zip		29 Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 32708		29 32708		Trust Fund Contribution		☐	
25 Country		30 Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		☐ Yes ☐ No	
25 USA		30 USA		10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				B1 Name			
ZERIMTZ, LEE AARON				B2 Street Address (P.O. Box Number is Not Acceptable)			
704 CHICKAPEE TRAIL				B3			
MAITLAND FL 32751				B4 City			
				FL B5 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)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
☐ Change ☐ Addition					
1. TITLE		1.1 TITLE			
2. NAME		2.1 NAME			
3. STREET ADDRESS		3.1 STREET ADDRESS			
4. CITY - ST - ZIP		4.1 CITY - ST - ZIP			
5. TITLE		5.1 TITLE			
6. NAME		6.1 NAME			
7. STREET ADDRESS		7.1 STREET ADDRESS			
8. CITY - ST - ZIP		8.1 CITY - ST - ZIP			
9. TITLE		9.1 TITLE			
10. NAME		10.1 NAME			
11. STREET ADDRESS		11.1 STREET ADDRESS			
12. CITY - ST - ZIP		12.1 CITY - ST - ZIP			
13. TITLE		13.1 TITLE			
14. NAME		14.1 NAME			
15. STREET ADDRESS		15.1 STREET ADDRESS			
16. CITY - ST - ZIP		16.1 CITY - ST - ZIP			
17. TITLE		17.1 TITLE			
18. NAME		18.1 NAME			
19. STREET ADDRESS		19.1 STREET ADDRESS			
20. CITY - ST - ZIP		20.1 CITY - ST - ZIP			
21. TITLE		21.1 TITLE			
22. NAME		22.1 NAME			
23. STREET ADDRESS		23.1 STREET ADDRESS			
24. CITY - ST - ZIP		24.1 CITY - ST - ZIP			
25. TITLE		25.1 TITLE			
26. NAME		26.1 NAME			
27. STREET ADDRESS		27.1 STREET ADDRESS			
28. CITY - ST - ZIP		28.1 CITY - ST - ZIP			
29. TITLE		29.1 TITLE			
30. NAME		30.1 NAME			
31. STREET ADDRESS		31.1 STREET ADDRESS			
32. CITY - ST - ZIP		32.1 CITY - ST - ZIP			
33. TITLE		33.1 TITLE			
34. NAME		34.1 NAME			
35. STREET ADDRESS		35.1 STREET ADDRESS			
36. CITY - ST - ZIP		36.1 CITY - ST - ZIP			
37. TITLE		37.1 TITLE			
38. NAME		38.1 NAME			
39. STREET ADDRESS		39.1 STREET ADDRESS			
40. CITY - ST - ZIP		40.1 CITY - ST - ZIP			
41. TITLE		41.1 TITLE			
42. NAME		42.1 NAME			
43. STREET ADDRESS		43.1 STREET ADDRESS			
44. CITY - ST - ZIP		44.1 CITY - ST - ZIP			
45. TITLE		45.1 TITLE			
46. NAME		46.1 NAME			
47. STREET ADDRESS		47.1 STREET ADDRESS			
48. CITY - ST - ZIP		48.1 CITY - ST - ZIP			
49. TITLE		49.1 TITLE			
50. NAME		50.1 NAME			
51. STREET ADDRESS		51.1 STREET ADDRESS			
52. CITY - ST - ZIP		52.1 CITY - ST - ZIP			
53. TITLE		53.1 TITLE			
54. NAME		54.1 NAME			
55. STREET ADDRESS		55.1 STREET ADDRESS			
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57. TITLE		57.1 TITLE			
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59. STREET ADDRESS		59.1 STREET ADDRESS			
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61. TITLE		61.1 TITLE			
62. NAME		62.1 NAME			
63. STREET ADDRESS		63.1 STREET ADDRESS			
64. CITY - ST - ZIP		64.1 CITY - ST - ZIP			
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66. NAME		66.1 NAME			
67. STREET ADDRESS		67.1 STREET ADDRESS			
68. CITY - ST - ZIP		68.1 CITY - ST - ZIP			
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70. NAME		70.1 NAME			
71. STREET ADDRESS		71.1 STREET ADDRESS			
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74. NAME		74.1 NAME			
75. STREET ADDRESS		75.1 STREET ADDRESS			
76. CITY - ST - ZIP		76.1 CITY - ST - ZIP			
77. TITLE		77.1 TITLE			
78. NAME		78.1 NAME			
79. STREET ADDRESS		79.1 STREET ADDRESS			
80. CITY - ST - ZIP		80.1 CITY - ST - ZIP			
81. TITLE		81.1 TITLE			
82. NAME		82.1 NAME			
83. STREET ADDRESS		83.1 STREET ADDRESS			
84. CITY - ST - ZIP		84.1 CITY - ST - ZIP			
85. TITLE		85.1 TITLE			
86. NAME		86.1 NAME			
87. STREET ADDRESS		87.1 STREET ADDRESS			
88. CITY - ST - ZIP		88.1 CITY - ST - ZIP			
89. TITLE		89.1 TITLE			
90. NAME		90.1 NAME			
91. STREET ADDRESS		91.1 STREET ADDRESS			
92. CITY - ST - ZIP		92.1 CITY - ST - ZIP			
93. TITLE		93.1 TITLE			
94. NAME		94.1 NAME			
95. STREET ADDRESS		95.1 STREET ADDRESS			
96. CITY - ST - ZIP		96.1 CITY - ST - ZIP			
97. TITLE		97.1 TITLE			
98. NAME		98.1 NAME			
99. STREET ADDRESS		99.1 STREET ADDRESS			
100. CITY - ST - ZIP		100.1 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rhona Rombro, Pres 4/22/96 409/327-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)