1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90160 024 ***150.00

DOCUMENT # 627607 1. Corporation Name

BAINBOW REALTY INC

HAINDO	W NEALIT, MO.						
Principal Plac	e of Business	Mailing Address			- I SBRISP Basin court copin buils board cape a); p() 0) 0) 1 0 0 1 1 1 1 1 1 1 1
1905 NO. PINE ISLAND ROAD 1905 NO. PINE ISLAND ROAD							
PLANTATION FL 33322 PLANTATION FL 33322					DO NOT WRITE IN	THIS SPACE	:
US US					3. Date Incorporated or Qualified	I HIS STACE	<u>. </u>
					06/27/1979		
2 Principal E	Place of Business	2a. Mailing Address			4. FEI Number	_ _	Applied For
21 26					59-1928549	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	\$8.	75 Additional
22	,	27			5. Certificate of Status Desired	Fe	e Required
City & Sta	te	City & State			6. Election Campaign Financing		. 00 May Be
23		28			Trust Fund Contribution	Ad	ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30	<u>) </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	81	A1	10. Name and Address of New Registe	rea Agent	
KUG	PEDC HADVEY		61	Name	•	•	
KOSBERG, HARVEY 7930 N.W. 6TH COURT PLANTATION FL 33317			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
100	NIAHON IE 33317		63				_
			84	City		FL 85	Zip Code
SIGNATURE	m familiar with, and accept the obligati				ed when reinstating) DA	E	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	_	
TITLE	PD	☐ DELETE	1.1 TITLE			_ Cha	ange
NAME	KOSBERG, HARVEY		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS	,		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST	T- ZIP			ann D Addition
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Cha	ange
NAME	KOSBERG, HARVEY		2.2 NAME			•	
STREET ADDRESS			2.3 STREET				
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-S	iT-ZIP		Cha	ange Additio
TITLE	;	☐ DELETE	3.1 TITLE				ango E Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		□ DELETE	3.4. CITY- S 4.1 TITLE	1-ZIP		Cha	ange Additio
DL/E		- Driver	4.1 MLE		•		
NAME			ŀ	T ADDRESS			
STREET ADDRESS	9		433IREE	INDUNES			
CITY-ST-ZIP	1		440000	, ₇₀			
TITLE		□ DELETE	4.4 CITY-S	T-ZIP		Cha	ange
TITLE NAME		☐ DELETE	4.4 CITY-S' 5.1 TITLE 5.2 NAME	T-ZIP		Cha	ange

CITY-ST-ZIP 14. I 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, or on an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition