## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2) F65925 **RAINBOW TECHNICAL CO., INC.** Principal Place of Business Mailing Address 9965 MIRAMAR PKY 9965 MIRAMAR PKY SUITE #130 MIRAMAR FL 33025 SUITE #130 DO NOT WRITE IN THIS SPACE MIRAMAR FL 33025 3. Date Incorporated or Qualified 02/04/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2158738 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıp Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 RUSSO, GREGORY A. JR. 6950 SW 27 CT. 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 83 84 City Zip Code **B**5 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: typed or pential name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVST** DELETE Change Addition 1 1 TITE F TITLE RUSSO, GREGORY A., JR NAME 1.2 NAME 9965 MIRAMAR PKY #130 STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. City-ST-ZiP DELETE 4.1 THILE Change Addition TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS COY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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.

54 CITY-ST-ZIP

**6.3 STREET ADDRESS** 6.4 CITY - ST- ZIP

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

954-962-1304

Change

Addition