

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # F66285

(0)

1. Corporation Name

RAINBOW VIEW, INC.



Principal Place of Business

P O BOX 12708
ST PETERSBURG FL 33733-2708
US

Mailing Address

P.O. BOX 12708
ST PETERSBURG FL 33733-9708
US

2. Principal Place of Business

21 6727-1st AVE S

State, Apt. #, etc.

22 #201

City & State

23 ST PETERSBURG FL

Zip

24 33707

Country

25 USA

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RICHARD J. RENAUD
6727 1ST AVE., S. #201
ST. PETERSBURG FL 33707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07(2)(a) and 607.11(2)(a), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.07(2)(a), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PTD
PROFFIT, WALTER C
OLD WHITE SPRINGS RD., P.O. BOX 86
LIVE OAK FL

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VS
RENAUD, RICHARD J.
6727 1ST AVE S #201
ST. PETERSBURG FL

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

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22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

(813) 341-5233

CR2E034 (12/95)