


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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F66285 (0)			
1. Corporation Name RAINBOW VIEW, INC.			

Principal Place of Business 4001 PARK ST N. #3 ST PETERSBURG FL 33709 US	Mailing Address P.O. BOX 12708 ST PETERSBURG FL 33733-9708 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1746 Central Ave Suite, Apt. #, etc.		2a. Mailing Address 26 P O Box 12708 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/08/1982	
22 City & State 23 St Petersburg FL Zip 24 33712		27 City & State 28 St Petersburg FL Zip 29 33733-2708		4. FEI Number 59-2155156 Applied For <input type="checkbox"/> Not Applicable	
25 Country 25 USA		30 Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RICHARD J. RENAUD 4001 PARKS ST. N. #3 ST. PETERSBURG FL 33709				10. Name and Address of New Registered Agent			
				81 Name Richard J Renaud (no change)			
				82 Street Address (P.O. Box Number is Not Acceptable) 1746 Central Ave			
				83			
				84 City St Petersburg FL 85 Zip Code 33712			

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROFITT, WILLIAM C.			1.2 NAME			
STREET ADDRESS	566-13TH AVE NE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RENAUD, RICHARD J.			2.2 NAME			
STREET ADDRESS	4001 PARK ST. N. #3			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PROFFITT, PAULA J.			3.2 NAME			
STREET ADDRESS	566-13TH AVE NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE:

R J Renaud

2/12/98

813-821-4204

CR2E034 (10/97)