SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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CLEARWATER

EL MYERS FL 33901

City & State



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # (1. Corporation Name	G04696
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(2)

RAINBOW SALES, INC.

I I I I I I I I I I I I I I I I I I I		i 1840 1840 1840 1840 1840 1840 1840 1840	
Principal Place of Business	Mailing Address) (68)/11 861/ 861/ 918/8 87/18 18/18 91/	I BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT BIBIT
2071 W. FIRST ST. FT. MYERS FL 33901	2071 W. FIRST ST. Ft. Myers Fl. 33901		
11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	, , , , , , , , , , , , , , , , , , ,	3. Date Incorporated or Qualified	3a. Date of Last Report
		10/11/1982	04/20/1995
2. Principal Place of Business	/ 2a. Mailing Address	4. FEI Number	Applied F
21 /3900 U.S. Hwy 19	7 N 26	59-2349569	Not Applie
Surte, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Addition

28

City & State

^{Z'9}34624 PINELLAS 29 25 9. Name and Address of Current Registered Agent PLOTTS, CHARLES M 2071-W: FIRST ST.

F-(

Country

Country	8. T	his corporation has liabili	ty for intangible tax und	iers 199.032,
	F	Iorida Statutes	Yes No	
	10. 1	Name and Address of Ne	ew Registered Agent	
81	Name			
82	Street Address (P.C	Box Number is Not Acc	ceptable)	
83				
84	City CLEARW.	ATER	FL 85	Zip Code 34624

6. Election Campaign Financing

Trust Fund Contribution

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

30

SIGNATURE Signature type for protestrain. In registered agreet arritine 1 application. (NOTE Represented Agreet signature required when remainfaining) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME PLOTTS, CHARLES M STREET ADDRESS CITY-S1-ZIP NAME ORAY, NICOLE E. STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CORAL SPOS. FT. CITY-S1-ZIP TITLE V DELETE DELETE DELETE DELETE 3 Y TITLE 2 Y Addit STREET ADDRESS C L CAR WATCH FL 34 CQ4 Change Addit S SOUTH Rd. W Change Addit Addit Addit Change Addit Addit Change Addit Addit NAME PLOTTS, RICHARD C.
DP
12 NAME 13 STREET ADDRESS 13 STOOLLS 14WY 19 N 13 STREET ADDRESS 14 CITY - ST - ZIP TITLE DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP CRANGE Addit Addit
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NAME GRAY, NICOLE E. 22 NAME 8 SOUTH RES. 1296 SPRING CRCL.DR. 23 STREET ADDRESS 1296 SPRING CRCL.DR. 24 CITY - ST - ZIP 11 TILE V
TITLE V DELETE 3 1 TITLE Change Addit NAME PLOTTS, RICHARD C. 32 NAME
TITLE V DELETE 3 1 TITLE Change Addit NAME PLOTTS, RICHARD C. 32 NAME
TITLE V DELETE 31 TITLE CHANGE Adolf NAME PLOTTS, RICHARD C. 32 NAME
PLOTIS, NICHARD C.
STREET ADDRESS 80 BEARWALLOW RD 3.3 STREET ADDRESS
CITY. ST. 7/P SAPPHIRE NC: 34 CITY-ST-7/P
TITLE DELETE 41 TITLE Change Ado:
NAME 4 2 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY - ST - ZIP 44 CITY - ST - ZIP
TITLE DELETE 51TITLE Change Addi
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 61TITLE Change Addr
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS

64 CITY - ST - ZiP CITY-ST-ZIF 14. Ido 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 efficient of the disposal or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Bioci 12 v Appendix of on an attachment with an address

SIGNATURE:

PRINTED NAME OF SIGNING DEFICER OR DIRECTOR