

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

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Mar 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G57598

1. Corporation Name
RAINBOW WICKER & SILKS, INC.

Principal Place of Business 644 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880	Mailing Address 644 CYPRESS GARDENS BLVD WINTER HAVEN FL 33880
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1399 6th Street, NW Suite, Apt. #, etc.	2a. Mailing Address 26 1399 6th Street, NW Suite, Apt. #, etc.
22 City & State 23 Winter Haven, FL	27 City & State 28 Winter Haven, FL
24 Zip 33881 25 Country	29 Zip 33881 30 Country

3. Date Incorporated or Qualified 08/30/1983	
4. FEI Number 59-2322603	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DIMLER, GERALD
644 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1399 Sixth Street NW
83
84 City Winter Haven FL 85 Zip Code 33881

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DIMLER, GERALD
STREET ADDRESS	644 CYPRESS GARDENS BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	DIMLER, MARY
STREET ADDRESS	644 CYPRESS GARDENS BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1399 Sixth Street NW
1.4 CITY-ST-ZIP	Winter Haven, FL 33881
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1399 Sixth Street NW
2.4 CITY-ST-ZIP	Winter Haven, FL 33881
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald E. Dimler Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99 941-293-2294
 Date Daytime Phone #

CR2E034 (1/98)