

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

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**Feb 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # G86940 (5)**

1. Corporation Name  
**RAINBOW SERVICES, INC.**



Principal Place of Business  
**3359 D. BELVEDERE ROAD  
WEST PALM BEACH FL 33409  
US**

Mailing Address  
**P. O. BOX 16805 N/A  
WEST PALM BEACH FL 33416-6805  
US**

3. Date Incorporated or Qualified **02/29/1984** 3a. Date of Last Report **04/30/1996**

|                                |                        |   |  |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number<br><b>59-2395379</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 22 City & State                | 27 City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 23 Zip Country                 | 28 Zip Country         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24 Zip                         | 25 Country             | 29 Zip  | 30 Country   |

**9. Name and Address of Current Registered Agent**

**ANTWINE, JESSE LEE  
3359-D BELVEDERE ROAD  
WEST PALM BEACH FL 33409**

**10. Name and Address of New Registered Agent**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PO</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANTWINE, JESSE LEE</b>                  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>13585 BARBERRY DRIVE</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WELLINGTON FL</b>                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>STD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANTWINE, PHYLLIS J.</b>                 | 2.2 NAME  |   |
| STREET ADDRESS             | <b>13585 BARBERRY DRIVE</b>                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WELLINGTON FL</b>                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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 do 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 *Phyllis J. Antwine* **PHYLLIS J. ANTWINE** Date **1/31/97** Daytime Phone # **561-6405974**

CR2E034 (9/96)