

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

FILED

**Mar 28 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 # H29074 (2)
1. Corporation Name
RAINBOW ACRES DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
149 BROCK STREET P.O. BOX 100 THAMESFORD, ONTARIO, CANADA N0M2M0

3. Date Incorporated or Qualified **11/05/1984** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2659779** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**OSWALD, DOUGLAS H.
21 N.E. 1ST AVE.
OCALA FL 32670**

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, ROBERT F.	
STREET ADDRESS	11990 SOUTH WILLIAM STREET	
CITY-ST-ZIP	DUNNELLON FL 34430	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRALEY, G.E.	
STREET ADDRESS	149 BROCK ST. THAMESFORD	
CITY-ST-ZIP	ONTARIO, CANADA	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	DULEY, CONSTANCE	
STREET ADDRESS	11574 KENNESAW RD	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEROUX, G.D.	
STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	THAMESFORD ON	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	KOEBEL, E. JANE	
STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	THAMESFORD, ONTARIO, CANADA N0M2M0	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	BRILLON, MICHEL G	
STREET ADDRESS	149 BROCK STREET	
CITY-ST-ZIP	THAMESFORD, ONTARIO, CANADA N0M2M0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROGERS, ROBERT F.	
1.3 STREET ADDRESS	11990 SOUTH WILLIAM STREET	
1.4 CITY-ST-ZIP	DUNNELLON FL. 34430	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRALEY, G.E.	
2.3 STREET ADDRESS	149 BROCK STREET	
2.4 CITY-ST-ZIP	THAMESFORD, ONT N0M 2M0	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEROUX, G.D.	
4.3 STREET ADDRESS	149 BROCK STREET	
4.4 CITY-ST-ZIP	THAMESFORD, ONT N0M 2M0	
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 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: *Constance Duley* 3-17-97 352-489-9508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (9/96)