PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J57549** 1. Corporation Name

RAINBOW A.C.L.F., INC.

Principal Place of Business	Mailing Address	
6327 BRENTWOOD AVE. SARASOTA FL 34231	6327 BRENTWOOD AVE. SARASOTA FL 34231	

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90102 036 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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9. Name and Address of Current Registered Agent HOSTETLER, LINDA 6327 BRENTWOOD AVE SARASOTA FL 34231 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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent alignature required when remaitating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME HOSTETLER, LAVERNE A. 327 BRENTWOOD AVE SARASOTA FL VSD DELETE 1.1 TITLE VSD ARASOTA FL VSD DELETE 2.2 NAME AUGHY-ST-ZPP NAME HOSTETLER, LINDA STREET ADDRESS 6327 BRENTWOOD AVE SARASOTA FL SARASOTA FL	 -			
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I nereoy 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 appropriate supplemental properties.

SIGNATURE: