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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

RAINBOW LANES, INC.

**FILED** Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				r innine dan selen eser tibit ninin tibi nidit d	AIDH BIGIL 21011 GIAH 25011 ISAL
1225 S. HIGHLAND CLEARWATER FL 34616  1225 S. HIGHLAND CLEARWATER FL 34616  1225 S. HIGHLAND CLEARWATER FL 34616		1225 S. HIGHLAND CLEARWATER FL <b>34</b> 816		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 07/17/1987	
2. Principal P	face of Business	2a. Mailing Address	****	4. FEI Number	Applied For
21		26		59-2834349	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the o	current year Intangible
<b>24 33756</b>	25	29 33756 30	<u> </u>	Personal Property Tax due June 30.	X Yes 🔲 No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	ed Agent
BI	ll <b>Pe</b> ttinato		81 Name		
1540 CHUKAR RIDGE PALM HARBOR FL 34683			82 Street A 1225	odress (P.O. Box Number is Not Acceptable) S. Highland Ave.	
			63		
			84 City Clea	rwater F	L 85 Zip Code 33756
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	the above-named o	corporation submits this statement for the purpose pration's board of directors. I hereby accept the a	of changing its registered
SIGNATURE	Signature, typed or printed name of regularized ager	of and title if applicable /NOTE B	egistered Agent signature te	equired when reinstaling) DATE	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	DELETE	1.1 TITLE	ASSITIONG OF WARE TO OFFICE A	X Change Addition
NAME	WONG, KIM BO		1.2 NAME		-
STREET ADDRESS	2365 NURSERY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY - ST - ZIP		33756
TITLE	87	DELETE	2.1 TITLE		Change Addition
NAME	PETTINATO, BILL A.		2.2 NAME		
STREET ADDRESS	1540 CHUKAR RIDGE		2.3 STREET ADDRESS	1225 S. Highland Ave.	
CITY-ST-ZIP	PALM HARBOR FL 34683		2. 4 CITY-ST-ZIP	Clearwater, FL 33756	· · · · · · · · · · · · · · · · · · ·
TITLE	V	☐ DELETE	31 TITLE		
NAME	PETTINATO, LUCY		32 NAME		
STREET ADDRESS	2480 ALHAMBRA CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621		3.4. CITY-S1-ZIP		33761
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		L DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ı
CITY-ST-ZIP			5.4 CITY - ST - ZIP		·····
TITLE		DELETE	41111 1 6		Change Addition

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 changes on an attachment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

,如果是一个是一个人,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们也可以会

6.3 STREET ADDRESS

442-8167