

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

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** K38726 (1)  
 1. Corporation Name  
**MEADOWS OF RAINBOW LAKES, INC.**

Principal Place of Business <b>3389 SHERIDAN STR                  STE 289                  HOLLYWOOD, FL 33021                  US</b>	Mailing Address <b>1111 LINCOLN RD. SUITE 322                  MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> 3389 SHERIDAN STREET	4. FEI Number <b>65-0131435</b>	3a. Date of Last Report <b>05/01/1996</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. <b>SUITE 289</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
23. City & State	28. City & State <b>HOLLYWOOD, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	29. Zip <b>33021</b>	30. Country <b>US</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**IRWIN H. LEVINE**  
**1111 LINCOLN RD**  
**STE 322**  
**MIAMI BEACH, FL 33139**

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

81. Name <b>KAREN WEXLER</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3389 SHERIDAN STREET</b>
83. <b>SUITE 289</b>
84. City <b>HOLLYWOOD</b>
85. Zip Code <b>FL 33021</b>

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: *Karen Wexler* **KAREN WEXLER, PRESIDENT** **04/28/1997**  
(NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>VPS</b>	<input type="checkbox"/> DELETE
NAME <b>KAREN WEXLER</b>	
STREET ADDRESS <b>3389 SHERIDAN ST., STE 289</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33021</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>IRWIN H. LEVINE</b>	
STREET ADDRESS <b>1111 LINCOLN RD., STE. 322</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

*4/30/97*  
**200002164282**  
**-05/02/97--01117--032**  
**\*\*\*165.00**

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: *Karen Wexler* **KAREN WEXLER, PRESIDENT** **04/28/97** (954)962-6411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **ext. 1004**

CR2E034 (9/96)