## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 4 Secretary of State DIVISION OF CORPORATIONS **1996** . (9)K51629 DOCUMENT # 1. Corporation Name THE ESTATES AT RAINBOW LAKES, INC. Maling Address Principal Place of Business 7200 W. CAMINO REAL 7200 W. CAMINO REAL SUITE 104 **BOCA RATON FL 33433 BOCA RATON FL 33433** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/15/1988 05/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0098057 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc Suite. Apt. #. etc. 5. Certificate of Status Desired  $\Box$ Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State  $\Box$ Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country ☐ Yes ☐ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PUDER, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 82 7200 W. CAMINO REAL 83 SUITE 104 **BOCA RATON FL 33433** City 85 Zip Code 84 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office Florida. Such change was authorized by the corporation's board of directors. Thereby ancept the appointment as registered agent. Lam Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Se SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change Addition 1 1 T TLE DELETE TITLE PUDER, MICHAEL S. NAME 7200 W. CAMINO REAL, 104 1.3 STHEET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 Itht TITLE PUDER, MICHAEL S. 2.2 NAME NAME 7200 W. CAMINO REAL, 104 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2 4 C-TY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3 1 111 LE TOTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIF CITY-ST-ZIP Change Addition DELETE: 4 1 THLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TULE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - ZIF CITY-ST-ZIP 7000017870号<sup>や®</sup> -04/19/96--01039--002 DELETE 6 1 TIFLE TITLE 6.2 NAME \* 6.3 STREET ADDRESS STREET ADDRESS \*\*\*200.00 6.4 CITY - ST - ZIP CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the coupplate, 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 or supplet in a state of 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 or supplet in a state of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 3/89/96 (407) 362-4111

(12/95)

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