

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K87079** (5)

1. Corporation Name

**RAINBOW DATA SERVICES, INC.**



Principal Place of Business

**209 BROADWAY  
KISSIMMEE FL 34741-5715  
US**

Mailing Address

**P.O. BOX 450546  
KISSIMMEE FL 34745-0546  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**05/01/1989**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2946100**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

**LEWANDOWSKI, BARRY P.  
209 BROADWAY  
KISSIMMEE FL 32741**

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

**34741**

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

*Barry P. Lewandowski*

**Barry P. Lewandowski, President**

**04/26/96**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PTD  
LEWANDOWSKI, BARRY P.  
209 BROADWAY  
KISSIMMEE FL**

☐ DELETE

TITLE

**V  
RODDY, ROBERT A  
209 BROADWAY  
KISSIMMEE FL**

☒ DELETE

TITLE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

TITLE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

TITLE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

TITLE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**P/D/C**

**Lewandowski, Barry P.  
209 Broadway  
Kissimmee, FL 34741**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**V**

**Burgun, Michael J., Jr.  
209 Broadway  
Kissimmee, FL 34741**

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**S/T**

**Burgun, Diane L.  
209 Broadway  
Kissimmee, FL 34741**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**S/T**

**Burgun, Diane L.  
209 Broadway  
Kissimmee, FL 34741**

☐ Change

☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**S/T**

**Burgun, Diane L.  
209 Broadway  
Kissimmee, FL 34741**

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S/T**

**Burgun, Diane L.  
209 Broadway  
Kissimmee, FL 34741**

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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:

*Barry P. Lewandowski*

**BARRY P. LEWANDOWSKI**

**4-26-96**

**407 870-5911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)