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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified 05/01/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2946100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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)	959 Florida Parkway
83	
84 City	Kissimmee
85 Zip Code	FL 34743

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> DELETE
NAME	LEWANDOWSKI, BARRY P.
STREET ADDRESS	209 BROADWAY
CITY-ST-ZIP	KISSIMMEE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BURGUN, MICHAEL J. JR.
STREET ADDRESS	209 BROADWAY
CITY-ST-ZIP	KISSIMMEE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	BURGUN, DIANE L.
STREET ADDRESS	209 BROADWAY
CITY-ST-ZIP	KISSIMMEE FL
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	959 Florida Parkway
1.4 CITY-ST-ZIP	Kissimmee, FL 34743
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2736 Kimberlee LN
2.4 CITY-ST-ZIP	Kissimmee, FL 34744
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2736 Kimberlee LN
3.4 CITY-ST-ZIP	Kissimmee, FL 34744
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	Burgun, Michael P.
4.4 CITY-ST-ZIP	314 Trafalgar LN Cary, NC 27513
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	

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, changed, or on an attachment with an address.

SIGNATURE:

Barry P. Lewandowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 407 870 5911

Date Daytime Phone #

CR2E034 (9/96)