

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90165 002 ***158.75

DOCUMENT # **K87079**

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 19 W Monument Ave

Suite, Apt. #, etc.

22

**City & State
Kissimmee, Florida**

23

Zip

24 34741

Country

25 US

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LEWANDOWSKI, BARRY P.
959 FLORIDA PARKWAY
KISSIMMEE FL 34743**

3. Date Incorporated or Qualified

05/01/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

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

Barry P. Lewandowski, President 4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ DELETE

NAME **LEWANDOWSKI, BARRY P.**

STREET ADDRESS **959 FLORIDA PARKWAY**

CITY-ST-ZIP **KISSIMMEE FL**

TITLE **V** ☒ DELETE

NAME **BURGUN, MICHAEL J. JR.**

STREET ADDRESS **2736 KIMBERLEE LANE**

CITY-ST-ZIP **KISSIMMEE FL**

TITLE **ST** ☒ DELETE

NAME **BURGUN, DIANE L.**

STREET ADDRESS **2736 KIMBERLEE LANE**

CITY-ST-ZIP **KISSIMMEE FL**

TITLE **V** ☒ DELETE

NAME **BURGUN, MICHAEL P**

STREET ADDRESS **314 TRAFALGAR LANE**

CITY-ST-ZIP **CARY NC**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D/C/S/T** ☒ Change ☐ Addition

1.2 NAME **Lewandowski, Barry P.**

1.3 STREET ADDRESS **959 Florida Parkway**

1.4 CITY-ST-ZIP **Kissimmee, Florida 34743**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry P. Lewandowski* **BARRY P. LEWANDOWSKI** 4/28/99 407 870 5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)