

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 # **L29289** (0)
1. Corporation Name
RAINBOW ROOFING SERVICES, INC.



Principal Place of Business

11680 N.W. 27 CT.
PLANTATION FL 33323
US

Mailing Address

11680 N.W. 27 CT.
PLANTATION FL 33323
US

3. Date Incorporated or Qualified 11/09/1989	3a. Date of Last Report 04/24/1995
4. FEI Number 65-0157675	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	

2. Principal Place of Business	2a. Mailing Address
21. Plantation 11680 NW 27ct	26. 11680 NW 27th Court
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Plantation Fla	28. City & State Plantation, FL
24. Zip 33323	29. Zip 33323
25. Country Broward	30. Country Broward

9. Name and Address of Current Registered Agent

ALBERT, PAUL
11680 NW 27 CT
PLANTATION FL 33323

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 of person performing act for corporation (not for agent)

Signature of Registered Agent (signature required when filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1. TITLE	P
NAME	ALBERT, PAUL	12. NAME	ALBERT, PAUL
STREET ADDRESS	11680 NW 27 CT	13. STREET ADDRESS	11680 NW 27th Court
CITY-ST-ZIP	PLANTATION FL	14. CITY-ST-ZIP	Plantation, FL 33323
TITLE	T	2. TITLE	V
NAME	ALBERT, PAUL	22. NAME	GIBSON, ROBERT
STREET ADDRESS	11680 NW 27 CT	23. STREET ADDRESS	2331 NW 63rd Terrace
CITY-ST-ZIP	PLANTATION FL	24. CITY-ST-ZIP	Sunrise, FL 33313
TITLE		3. TITLE	S/T
NAME		32. NAME	THOMAS, JOHN
STREET ADDRESS		33. STREET ADDRESS	817 NW 9th Avenue, Bldg. 31, Apt. 2
CITY-ST-ZIP		34. CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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: *Paul Albert* Paul Albert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 474-9703

Date:

Day/Time Filing #

CR2E034 (12/95)