

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L29289 (0)
1. Corporation Name
RAINBOW ROOFING SERVICES, INC.

Principal Place of Business
11680 NW 27 COURT
PLANTATION FL 33323
US

Mailing Address
11680 NW 27TH COURT
PLANTATION FL 33323
US



DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 11/09/1989	
25		30		4. FEI Number 65-0157675	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL				86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, PAUL		1.2 NAME	1.2 NAME			
STREET ADDRESS	11680 NW 27 CT		1.3 STREET ADDRESS	1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, ROBERT		2.2 NAME	2.2 NAME			
STREET ADDRESS	2331 NW 63RD TERRACE		2.3 STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JOHN		3.2 NAME	3.2 NAME			
STREET ADDRESS	817 NW 9TH AVENUE BLDG 31 APT. 2		3.3 STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	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.

SIGNATURE: Paul Albert Paul Albert 4-27-98 (954) 474-9703

CP2E034 (10/97)