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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT # L74
1. Corporation Name

L74145

(8)

E.J.L./RAINBOW ENTERPRISES, INC.

Principal Place of Business

% DONALD R. LUND 12364 CAPRI CIRCLE, NORTH TREASURE ISLAND FL 33706 Mailing Address

% DONALD R. LUND 12364 CAPRI CIRCLE, NORTH TREASURE ISLAND FL 33706



			FL 33706			0.00	-y		
2 Principal D	Place of Business					3. Date incorporated or Qualified 05/17/1990		e of La: 4/27/	st Report 1995
21	lace or business	2a. Mailing Address				4. FEI Number		- 	Applied For
Suite, Apt.	#. etc	26				59-3013512			Not Applicable
22	, •••	Suite, Apt. #, etc				5. Certificate of Status Desired	[F	\$8.	75 Additional
City & Stat	te	City & State							ee Required
23		28				6. Election Campaign Financing		\$5	.00 May Be
Zip	Country	Zip	Cour	ato.		Trust Fund Contribution		Ac	ded to Fees
24	25	29	30	itry		This corporation has liability for in Florida Statutes Yes	ntangible ta	ix unde	rs 199.032,
	9. Name and Address of Curre	nt Registered Agent	<u>1931</u>			Florida Statutes Yes 10. Name and Address of New R	™ No	•	
			1	81 N	ame	10. Traine and Address of New H	egistered	Agent	
LUND, C	DONALD R.		82 Street Address						
12364 C	APRI CIRCLE NORTH		Street Addres		reet Addre	ss (P.O. Box Number is Not Acceptabl	e)		
TREASU	IRE ISLAND FL 33706		1	B3					·-··
			-	_					
			- 1	84 C	•		C I	85	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida State	ites, trie abovi		ed comoral	ion submits this statement for the purp of directors. Thereby accept the accept	<u> </u>		
SIGNATURE			98.			ion submits this statement for the purp of directors. Thereby accept the appo	ининен да	register	eo agent. r am
12.	Signature, typics or provide name of registered agent		ADTE: Halystened A	 grot sign	allare regardon w	dien terrodelingt	DATE		
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	TREASURE ISLAND FL	ED Distre	1 4 CITY	· \$1 - ZIP	155				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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4-29-96 S13-47 8201