


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 17 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 # L95343 (4)
 1. Corporation Name **AN EDUCATIONAL RAINBOW, INC.**



Principal Place of Business 3510 BALLAST POINT BLVD. TAMPA FL 33611	Mailing Address 3510 BALLAST POINT BLVD. TAMPA FL 33611
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3912 Britton Plaza Suite, Apt. #, etc.		2a. Mailing Address 26 3912 Britton Plaza Suite, Apt. #, etc.	
22 Tampa, Florida City & State		27 Tampa, Florida City & State	
23 33611 USA Zip Country		28 33611 USA Zip Country	
24	25	29	30

3. Date Incorporated or Qualified 08/13/1990	4. FEI Number 59-3026698	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MACINTOSH, ELOISE
3510 BALLAST POINT BLVD
TAMPA FL 33611

10. Name and Address of New Registered Agent

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

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 *Eloise M. MacIntosh* *Eloise M. MacIntosh* *08-26-98*
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	D	<input type="checkbox"/> DELETE
NAME	MACINTOSH, ELOISE	
STREET ADDRESS	3510 BALLAST POINT BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	MACINTOSH, ELOISE	
STREET ADDRESS	3510 BALLAST POINT BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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*****150.00**

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8.17

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.

CR2E034 (5/98)

TO: FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

PJD

FROM: AN EDUCATIONAL RAINBOW
3912 BRITTON PLAZA
TAMPA, FL 33611

RE: 1998 PROFIT CORPORATION ANNUAL REPORT

DEAR SIR,

I AM THE PRESIDENT OF AN EDUCATIONAL RAINBOW INC.
THIS LETTER IS TO INFORM YOU THAT I DID NOT RECEIVE THE FIRST
NOTICE OF THE 1998 PROFIT CORPORATION ANNUAL REPORT. IF YOU
LOOK BACK AT OUR RECORDS, YOU WILL SEE THAT I HAVE ALWAYS
BEEN PROMPT IN MAKING THE PAYMENTS. ENCLOSED IS A CHECK
FOR THE \$150.00 THAT I WOULD HAVE PAID ON TIME IF I WOULD
HAVE KNOWN. THANK YOU.

SINCERELY.

Eloise MacIntosh

ELOISE MACINTOSH
PRESIDENT