


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000003720 (6)

1. Corporation Name

R.A.A.N.B.O.W., INC.

Principal Place of Business

Mailing Address

**12112 ST. ANDREWS PLACE
SUITE 307
MIRAMAR FL 33025**

**12112 ST. ANDREWS PLACE
SUITE 307
MIRAMAR FL 33025**

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

65-0772061

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 673 Lake Blvd

26 673 Lake Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Weston FL 33326

28 Weston, FL

Zip

Country

Zip

Country

24 33326

25 USA

29 33326

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COKE, CAMILLE M
12112 ST. ANDREWS PLACE
SUITE 307
MIRAMAR FL 33025**

81 Name

Janice G. Myles

82 Street Address (P.O. Box Number is Not Acceptable)

83

673 Lake Blvd

84 City

Weston

FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Janice G. Myles, President**

Janice G. Myles 4-27-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D GOODWIN MYLES, JANICE

STREET ADDRESS 673 LAKE BLVD.

CITY-ST-ZIP WESTON FL 33326

TITLE ☐ DELETE

D LEGRAND KNIGHT, BETTY

STREET ADDRESS 7777 TAM-O SHANTE BLVD.

CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ DELETE

D HARRISON FOX, LORAIN

STREET ADDRESS 4172 INVERRARY DRIVE BLDG 7, UNIT 104

CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Janice G. Myles** **Janice G. Myles** **4-27-98 (954) 385-5571**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone

CR2E037 (10/97)