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

PROFIT :
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

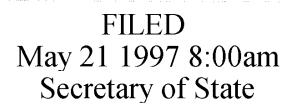
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000022878 (1)

RAINBOW DECORATING, INC.



Principal Place of Business Mailing Address 6576 SWEET MAPLE LANE BOCA RATON FL 33433 BOCA PATON FL 33433-1938						14					
							3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996				
	Place of Business	2a, Mailing	Address				4, FEI Number			Applied For	
21		26					65-0396837			Not Applicable	
Suite, Apt.	. #, etc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		+-	Additional Required	
City & Star	ta	City & S	itate				Election Campaign Financing Trust Fund Contribution			May Be	
Zip 24	Country Zip C 25 29 30			·	country 8. This corporation has liability to			or intangible tax under s. 199.032,			
			ent				10. Name and Address of New R	egistered	Agent		
KO	TCHEK, ROSE				81	Name					
657	6576 SWEET MAPLE LANE BOCA RATON FL 33433 2. Principal Place of Business 11 Suite Apt. #, etc. 22 City & State 33 Zip Country 44 25 9, Name and Address of Current KOTCHEK, ROSE 6576 SWEET MAPLE LANE BOCA RATON FL 33433 11. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obliget SIGNATURE 12. OFFICERS AND 12. OFFICERS AND 12. OFFICERS AND 12. OFFICERS AND 14. KOTCHEK, ROSE 6576 SWEET MAPLE LANE BOCA RATON FL 33433 D KOTCHEK, MAURICE W 6576 SWEET MAPLE LANE BOCA RATON FL 33433 D KOTCHEK, MAURICE W 6576 SWEET MAPLE LANE BOCA RATON FL 33433 CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS		•		82	Street Addr	ess (P.O. Box Number is Not Accepta				
ВО	OA NATON FL 33433				63						
ļ				Ì	84	City		FL	85 Zi	p Code	
office or	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such gations of, Section	change was a 607.0505, Flo	authorized orida Statu	i by utes.	the corporat	ion's board of directors. I hereby acci	purpose o	f changing cointment	its registered as registered	
			(NOT		Agen	t signature requir	ed when reinstating)	DATE			
			DELETE	13.	16		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO Chang		
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1						NDDRESS !					
1	1			1.4 017		ì					
TITLE	1		DELETE	2.1 TeT					Chang	e Addition	
NAME	KOTCHEK, MAURICE W			2.2 NA	ME						
STREET ADDRESS	6576 SWEET MAPLE LANE			2.3 \$10	AEET A	NODRESS	• :				
CITY ST-ZIF	BOCA RATON FL 33433			2.4 Ci	TY-SI	r-20P					
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NAME	1			32 NA	ME	- 1					
STREET ADDRESS	1			3.3 \$1	REET #	address					
CITY-S7-ZIP			55.55	3.4. CI		1 - ZIP			<u> </u>		
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	{			1		ADDRESS					
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CITY - S1 - ZIP	I			6.4 C()	IY-ST	-211					

14. I do 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 pn an attachment with an address.

SIGNATURE:

LISE TELLEKI POSE KOTCHELL

5-14-97 56

56/-479-2/20 Daytime Phone #