## \$150

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

## FILED May 10, 1999 8:00 am Secretary of State

CORPORATION ANNUAL REPORT 1999 DMSION OF CORPORATIONS  DOCUMENT # P9 30000 789 (9  1. Corporation Name  STEEL RAINBOW, TNC.  Principal Place of Business  Mailing Address  906 ELMONT ST. NW  SUITE Y  PALM BAY, FL 32907  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Mailing Address  2c. Mailing Address  2d. Mailing Address  2d. Mailing Address  2f. Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  AND State  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	or cable
1999 DMISION OF CORPORATIONS  DOCUMENT # P9 30000 789 [9]  1. Corporation Name  STEEL RAINBOW, INC.  Principal Place of Business  906 ELMONT ST. NW  SUITE 4  PALM BAY, FL 32907  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Mailing Address  2d. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. City & State  City & State  2d. City & State  City & State  City & State  Country  Cou	able
DOCUMENT # P9 3000 78919  1. Corporation Name  STEEL RAINBOW, TNC.  Principal Place of Business  906 ELMONT ST. NW  SUITE 4  PALM BAY, FL 32907  2. Principal Place of Business  2a. Mailing Address  21 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  C	able
1. Corporation Name  STEEL RAINBOW, TAC.  Principal Place of Business  Mailing Address  906 ELMONT ST. NW  SUITE U PALM BAY, FL 3Z907  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Mailing Address  2c. Mailing Address  2d. Mailing Address  2d. Mailing Address  2f. Suite, Apt. #, etc.  2d. Mailing Address  4. FEI Number  Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. Suite, Apt. #, etc.  2d. City & State  City & State  City & State  2d. City & State	able
Principal Place of Business  906 ELMONT ST.  NW  SUITE LY  PALM BAY, FL 3Z907  2. Principal Place of Business  2a. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Applied F.  Suite, Apt. #, etc.  City & State  Country  Country  Applied F.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Count	able
906 ELMONT ST. NW  SUITE 4 PAUM BAY, FL 3Z907  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified /-/-94  Applied F 59-3Z//8Z4   Applied F 59-3Z//8Z4   Not Applied F 59-3Z//8Z4   Not Applied F 59-3Z//8Z4   State   Section Campaign Financing Fee Required City & State  City & State  Country  Zip Countr	able
906 ELMONT ST. NW  SUITE 4 PAUM BAY, FL 3Z907  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified /-/-94  Applied F 59-3Z//8Z4   Applied F 59-3Z//8Z4   Not Applied F 59-3Z//8Z4   Not Applied F 59-3Z//8Z4   State   Section Campaign Financing Fee Required City & State  City & State  Country  Zip Countr	able
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PALM BAY, FL 3Z907  2. Principal Place of Business  2a. Mailing Address  25  Suite, Apt. #, etc.  27  City & State  City & State  City & State  Country  Country  Country  3. Date Incorporated or Qualified  / - / - 9U  Applied F  Sq - 3Z / / 8Z / Not Applied F  Not Applied F  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  City & State  City & State  Country	able
2. Principal Place of Business  2a. Mailing Address 25  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State	able
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite,	
City & State  6. Election Campaign Financing Trust Fund Contribution  Added to Fees	
Zip Country Zip Country	
129   30   Property Tax   Yes   No	1
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name	
LAGANO, HLBERT S.	
1803 AIR PORT BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE, FL 32902	
EI 88 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 it as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	nent
SIGNATURE	
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/CHANCES TO DESICES AND DIRECTORS	— <u> </u>
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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 op an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

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Daytime Phone #