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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400026045 (2)

RAINBOW CONTRACTING SERVICE OF FLORIDA, INC.

Mailing Address Principal Place of Business 8551 FLORALWOOD DR 8551 FLORALWOOD DR **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date incorporated or Qualified 3a, Date of Last Report 05/01/1995 04/01/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0479376 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Aut. #. etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ROUSSEL, KEVIN Street Address (P.O. Box Number is Not Acceptable) 82 8551 FLORALWOOD DR 83 **BOCA RATON FL 33433** Zip Code 85 84 City 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 Signature, type for point dimanie of regulación agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition [] DELETE 1. 1 Title THEF ROUSSEL, KEVIN 1.2 NAME NAM: 8551 FLORALWOOD DR 13 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** 1.4 CITY - \$1 - ZIP 011-51-202 ☐ Addition Change Change (") DELETE 2.1 TITLE Tall F 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 C(TY - ST - Z)P CIY ST ZP ■ Addition [T] DELFTE 3 1 111LE TITLE 3.2 NAME 3.3 STREET ADDRESS STEEL ADORESS 3 4 CITY - ST - ZIF Oth: \$1-70 Change Addition DELETE 4 1 HILE THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - 2IP Olly-St. Zir ☐ Change ☐ Addition DELETE 5 1 THLE 11016 5.2 NAME LaM: **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CHY - \$1 - ZIP CITY ST ZIP Change Addition DELETE 6 1 1111 F 101.6 6.2 NAME NAMI 6.3 STREET ADDRESS \$16001 **A**506955 6.4 CHY-ST-7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roussel 2.5-96

479-1972 Daytime Priorie # CR2E034 (12/95)