

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036170 (6)

1. Corporation Name

RAINBOW CARD PACK PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

7251 WEST PALMETTO PARK RD.
BOCA RATON FL 33433

7251 WEST PALMETTO PARK RD.
BOCA RATON FL 33433

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

CASH, KAREN
7251 W. PALMETTO PARK RD.
BOCA RATON FL 33433

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

02/03/1995

4. FET Number

65-0499092

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name CT CORPORATION

82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

83

84 City PLANTATION

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 (E)(2) and 607.1508, Florida Statutes, the above named corporation hereby makes the statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation. I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05, Florida Statutes.

SIGNATURE

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

5-30-96

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RUBERTONE, DONNA J
STREET ADDRESS 7251 W. PALMETTO PARK RD.
CITY-STATE-ZIP BOCA RATON FL 33433

TITLE DVS
NAME CASH, KAREN
STREET ADDRESS 7251 W. PALMETTO PARK RD.
CITY-STATE-ZIP BOCA RATON FL 33433

TITLE TD
NAME HOEFT, JERALD R
STREET ADDRESS 18674 ANCHOR DRIVE
CITY-STATE-ZIP BOCA RATON FL

TITLE AS
NAME TICE, JULIE B
STREET ADDRESS 710 NE 69TH STREET
CITY-STATE-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME FOGT, TOM M.
13 STREET ADDRESS 415 SW 8TH STREET
14 CITY-STATE-ZIP TOPEKA, KS 66603

21 TITLE D
22 NAME HEITZ, MARK V.
23 STREET ADDRESS 415 SW 8TH STREET
24 CITY-STATE-ZIP TOPEKA, KS 66603

31 TITLE
32 NAME HOEFT, JERALD R.
33 STREET ADDRESS 18674 ANCHOR DRIVE
34 CITY-STATE-ZIP BOCA RATON FL

41 TITLE S
42 NAME TICE, JULIE B.
43 STREET ADDRESS 710 NE 69TH STREET
44 CITY-STATE-ZIP BOCA RATON, FL

51 TITLE DMD
52 NAME LASTER, RALPH W. JR
53 STREET ADDRESS 415 SW 8TH STREET
54 CITY-STATE-ZIP TOPEKA, KS 66603

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

4/27/96 (407) 344-4400

CR2E034 (12/95)