FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000074834 (0)**

1. Corporation Name
THE RAINBOW HOUSE, INC.

Principal Place of Business
525 UNITED ST
KEY WEST FL 33040

Mailing Address
525 UNITED ST
KEY WEST FL 33040

3. Date Incorporated or Qualified **10/12/1994**

3a. Date of Last Report

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number 65-0541370 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22

Suite, Apt. #, etc. 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23

City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25

Zip 29 Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWNING, MICHAEL L
402 APPELROUTH LN
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SERELIS, MARION
STREET ADDRESS	525 UNITED ST
CITY · ST · ZIP	KEY WEST FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY · ST · ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY · ST · ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY · ST · ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY · ST · ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY · ST · ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY · ST · 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 attachment with an address.

SIGNATURE: MARION SERELIS 2-16-95 305-294-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0100084 CP