

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000034085 (7)**

1. Corporation Name
RAINBOW PROPERTY MANAGEMENT, INC.



Principal Place of Business: **SANCTUARY CENTRE, STE. D-207
4800 N. FEDERAL HWY.
BOCA RATON FL 33431-5178**

Mailing Address: **SANCTUARY CENTRE, STE. D-207
4800 N. FEDERAL HWY.
BOCA RATON FL 33431-5178**

3. Date Incorporated or Qualified: **04/26/1995**

3a. Date of Last Report

4. FET Number: **65-0579295**

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

2. Principal Place of Business

21 **303 PLAZA REAL**

22 Suite, Apt. #, etc.

23 **BOCA RATON FL**

24 **33432** 25 **USA**

2a. Mailing Address

26 **303 PLAZA REAL**

27 Suite, Apt. #, etc.

28 **BOCA RATON FL**

29 **33432** 30 **USA**

9. Name and Address of Current Registered Agent

**MALLINGER, MARTIN R
SANCTUARY CENTRE, STE. D-207
4800 N. FEDERAL HWY.
BOCA RATON FL 33431-5178**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEFANOVIC, MISKO	
STREET ADDRESS	4800 N. FEDERAL HWY, STE. D-207	
CITY - ST - ZIP	BOCA RATON FL 33431-5178	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	STEFANOVIC, ROSHELLE	
STREET ADDRESS	4800 N. FEDERAL HWY, STE. D-207	
CITY - ST - ZIP	BOCA RATON FL 33431-5178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEFANOVIC, MILOS	
13 STREET ADDRESS	303 PLAZA REAL	
14 CITY - ST - ZIP	BOCA RATON FL 33432	
21 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	STEFANOVIC, ROCHELLE	
23 STREET ADDRESS	303 PLAZA REAL	
24 CITY - ST - ZIP	BOCA RATON FL 33432	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 199.07(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: **MILOS STEFANOVIC** *Milos Stefanovic* **04/22/96** (407) 394-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)