

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 30 PM 3:10

DOCUMENT # P95000034085 (7)

1. Corporation Name
RAINBOW PROPERTY MANAGEMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**303 PLAZA REAL
BOCA RATON FL 33432
US**

Mailing Address
**303 PLAZA REAL
BOCA RATON FL 33432-3934
US**

3. Date Incorporated or Qualified
04/26/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 **980 NORTH FEDERAL HIGHWAY**
Suite, Apt. #, etc.
22 **SUITE 302**
City & State
23 **BOCA RATON FL**
Zip
24 **33432-2704**

2a. Mailing Address

26 **980 NORTH FEDERAL HIGHWAY**
Suite, Apt. #, etc.
27 **SUITE 302**
City & State
28 **BOCA RATON FL**
Zip
29 **33432-2704**

30 Country

4. FEI Number
65-0579295

Applied For
 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

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)
980 NORTH FEDERAL HIGHWAY
83 **SUITE 302**
84 City **BOCA RATON** FL 85 Zip Code **33432-2704**

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 *Martin R. Malling* **MARTIN R. MALLINGER, R.A.** DATE **7/22/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANOVIC, MILOS	1.2 NAME	000002257330--7
STREET ADDRESS	303 PLAZA REAL	1.3 STREET ADDRESS	-08/04/97--01175--002
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANOVIC, ROCHELLE	2.2 NAME	000002257330--7
STREET ADDRESS	303 PLAZA REAL	2.3 STREET ADDRESS	-08/04/97--01175--003
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	****385.00 ****385.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARTIN R. MALLINGER
STREET ADDRESS		3.3 STREET ADDRESS	980 NORTH FEDERAL HIGHWAY, SUITE 302
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON FL 33432-2704
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

CR2E034 (9/96)