**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000034085

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

## Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90010 016 \*\*\*158.75

RAINBO\	W PROPERTY MANAGEME	NT, INC.								
Principal Place	e of Business	Mailing Address	_					FILLA BIRAL DI	101 1910/	1111 1 <b>01</b> 11
990 NORTH FEDERAL HIGHWAY 960 NORTH FEDERAL HIGHW SUITE 302 SUITE 302										
BOCA RATON FL 33432-2704 BOCA RATON FL 33432-2704						DO NOT WRITE IN THIS SPACE				
us us						3. Date Incorporated or Qualifed 04/26/1995				
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied	For
21	26					65-0579295			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certifcate of Status Desired	red XX \$8.75 Additional Fee Required			
City & Stat	-	City & State				6. Election Campaign Financing		\$5.0	 10 мау	Bo.
23		28				Trust Fund Contribution		•	ed to Fe	
Zip <b>24</b>	Country 25	Zip (29)	Count	try		This corporation owes the curre Personal Property Tax.	nt year Int	angible Yes	N	ю
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered .	Agent		
		-	- \	31 N	Name					Ì
Mallinger, Martin R 980 North Federal Highway			8	32 S	Street Addres	ddress (P.O. Box Number is Not Acceptable)			<del></del>	
SUITE 302 BOCA RATON FL 33432-2704			8	33						
			8	34 C	City		FL	85 Z	ip Code	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statut	es.	gnature required		DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	DPS	☐ DELETE	1.1 TITL	Ē		•		☐ Chan	ge [	Addition
NAME	MALLINGER, MARTIN R		1.2 NAM	1.2 NAME						
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY, SUITE 302			1.3 STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33432-2704		1.4 CITY	-ST-ZIF	Р					
TITLE		DELETE	2.1 TITL	E				Chang	ge L	Addition
NAME			2.2 NAM	E		· ·				f
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CITY-ST-ZIP			2. 4 CIT		3P	<u></u>	· ·	. Chang		Addition
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NAME			5.3 STR		DRESS	•				}
STREET ADDRESS			5.4 CITY							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL					Chan	ge 「	] Addition
NAME		pare.c	6.2 NAM						_	
· AZIAIE	1 1				ı					ſ

CITY-ST-ZIP 14. I 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 supplimental arrival 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 compitation 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 cranged of or an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

MARTIN R. MALLINGER, PRES.

02/16/1999