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

PROFIT CORPORATION ANNUAL REPORT



FLOR:DAIDLPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

l. Corperation RAINE	BOW FOUNDATION, INC.								
nncipal Place	of Business	Making Address							
5573 N.W. PARKLAND	80TH TERRACE FL 33067	5573 N.W. 80TH 1 PARKLAND FL 33							
					 Date Incorporated or Q 09/19/1995 	Dualified	3a. Date	of Last Re	eport
r. Principal Pik	nce of Business	2a. Mailing Address			4. FEI Number 65 - 06 08 0	~~~~~		├ ─ ┼ -	Applied For
i - Suite Apt a	e. etc	Suite, Apt. #, etc.	· · · ·						Not Applicable Additional
]		27			5. Certificate of Status De	srea 			Required
Cr., & State		City & State			6. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
		Zip	Zip Country		8. This corporation has lia	ibility for in			
l	25 9. Name and Address of Curre	29 Agent	[30]		Florida Statutes 10. Name and Address of	X Yes	<u> </u>	Agent	
•			8	1 Name				-3	
JORGENSON, KATHY 5573 N.W. 80TH TERRACE PPARKLAND FL 33067			82 Street Add		Address (P.O. Box Number is Not A	Acceptabl	e;		
			84	4 City				85 Zip	o Code
				FL " "					
or register familiai wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such chaone was autho	orized by the cor	named co poration's l	rporation submits this statement fo board of directors. Thereby accept	or the purp the appo	ose of cha	inging its registered	egistered offic agent. I am
or registeri familiar wit PGNATURE 2.	ed agent, or both, in the State of Flor h, and accept the obligations of, Soc Squarce typological transcorregularies	rida: Such change was autho stion 607.0505, Florida Statu	orized by the cor ites	poration's l	board of directors. Thereby accept	the appo	DOSE OF CHAINTENN AS DATE	registered	agent. I am
or registeri familiar wit pGNATURE 2. L.F.	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature typic or professional cofrequenciation OFFICE RS AN D JORGENSON, KATHY	ide Such change was autho stion 607-0505, Florida Statu a [†] ant treet again at the UD DIRECTORS	TABLE Fregulated Age 1 1 THLE 12 NAME	poration's l	board of directors. Thereby accept	the appo	DOSE OF CHAINTENN AS DATE	registered	agent. I am
or registeri familiar wit iGNATURS 2. L.F L.F EEL ALOBISS	ed agent, or both, in the State of Flor h, and accept the obligations of, Soc signative transcorporternation (registered age OFFICERS AN	ide Such change was autho stion 607-0505, Florida Statu a [†] ant treet again at the UD DIRECTORS	TABLE Fregulated Age 1 1 THLE 12 NAME	poration's l	board of directors. Thereby accept	the appo	DOSE OF CHAINTENN AS DATE	registered	agent. I am
or registeri familiar wit pGNATURE 2. LE LE LE LE LATORISS 19 ST ZE	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was autho stion 607-0505, Florida Statu a [†] ant treet again at the UD DIRECTORS	TABLE FOR THE CONTROL OF T	poration's l	board of directors. Thereby accept	the appo	DATE CERS AND	registered	agent. I am
or registers familian wit GNATURE 2. LE ME FEH ATORISS (5) ST ZP LE ME	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was authorition 607-0505, Fiorida Statu afant tree against to DD DIRECTORS	TAN'E FOR SINGLAND 13. 1 THE 1 2 NAME 1 3 STREE 1 4 CITY 2 THEE 2 2 NAME	poration's l	board of directors. Thereby accept	the appo	DATE CERS AND	DIRECTO	Add:tion
Or registers familiar wit GNATURE 2. Lif MME FIRELATIONESS for SI ZME Lif MME FIRELATIONESS FIRELATIONESS	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was authorition 607-0505, Fiorida Statu afant tree against to DD DIRECTORS	TAN'E FOR SINGLAND 13. 1 THE 1 2 NAME 1 3 STREE 1 4 CITY 2 THEE 2 2 NAME	ET ADDRESS ET ADDRESS	board of directors. Thereby accept	the appo	DATE CERS AND	DIRECTO	Add:tion
or registers familian wit GNATURE 2. Lif AVE FEELACORISS TY SI ZIP LIF AVE HEELACORISS TY SI ZIP LIF AVE HEELACORISS TY SI ZIP LIF AVE HEELACORISS TY SI ZIP LIF	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was authorition 607-0505, Fiorida Statu afant tree against to DD DIRECTORS	### 17 #### #### #### #### #### #### #### #### #### ##### #### ######	POPULATION'S LIPERING TO SELECTION OF SELECT	board of directors. Thereby accept	the appo	DOSE OF CHE INTERNATION DATE CERS AND	DIRECTO	Add:tion
or registers familiar wit familiar wit familiar wit familiar wit familiar wit familiar famili	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was authorion 607-0505, Fiorida Statu afantorer agricultik ND DIRECTORS DELETE	### 17 ###	POPULATION'S LIPERS SELECTION OF SUPPLEMENTAL SELECTION OF SUPPLEMENTS	board of directors. Thereby accept	the appo	DOSE OF CHE INTERNATION DATE CERS AND	DIRECTO ☑ Change ☐ Change	AS IN 12 Addition
Or registers familian wit present of the present of	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was authorion 607-0505, Fiorida Statu afantorer agricultik ND DIRECTORS DELETE	### 17 ###	EFF ADDRESS EFF ADDRESS EFF ADDRESS EFF ADDRESS EFF ADDRESS	board of directors. Thereby accept	the appo	DOSE OF CHE INTERNATION DATE CERS AND	DIRECTO ☑ Change ☐ Change	AS IN 12 Addition
Or registers familian wit present according to St. Zip T.F. T.F. T.F. T.F. T.F. T.F. T.F. T.F	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ide Such change was authorion 607-0505, Fiorida Statu afantorer agricultik ND DIRECTORS DELETE	### 17 ###	EF ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	DIRECTO ☑ Change ☐ Change	AS IN 12 Addition
Or registers familian with ACSNATURE 2. LEF AME FIRE ACORDS IN SEZIP LEF AME HIEL ACORDS LEF AME HIEL ACORDS LEF AME	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607-0505, Fronda Statu dianterior spin at k ND DIRECTORS DELETE DELETE	13. 1 1 THE 12 NAME 13 STREE 22 NAME 23 STREE 32 NAME 33 STREE 34 CHY- 4 THEE 42 NAME	EFF ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	DIRECTO Change Change	Addition Addition
Or registers familiar wat GNATURE 2. LF ME FEEL ACORDS IN SILZIP LF ME HEEL ACORDS IN SILZIP LF	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeternanc of registered age OFFICE AS AN D JORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607-0505, Fronda Statu dianterior spin at k ND DIRECTORS DELETE DELETE	13. 1 1 THE 12 NAME 13 STREE 22 NAME 23 STREE 32 NAME 33 STREE 34 CHY- 4 THEE 42 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	board of directors. Thereby accept	the appo	DATE CERS AND	DIRECTO Change Change	Addition Addition
Or registers familiar wit GNATURS J. F. ME HELLATORISS Y. ST. ZP J.	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeter have of registered sept OFFICE AS AN DORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607-0505, Fronda Statu dianterior spin at k ND DIRECTORS DELETE DELETE	13. 1 1 THE 1 2 NAME 2 3 STREE 3 2 NAME 3 3 STREE 3 4 CHY- 4 1 THE 4 2 NAME 4 3 STREE	ET ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	DIRECTO Change Change	Addition Addition
Or registers familiar wit GNATURS J.F. ME HELATORISS Y ST ZIP J.F. ME HELATORISS HELATORISS Y ST ZIP J.F. ME HELATORISS HELATORISS J.F. ME HELATORISS J.F. J.F. J.F. ME HELATORISS J.F. J.F. ME HELATORISS J.F. J.F. J.F. ME HELATORISS J.F. J.F. ME HELATORISS J.F. J.F. J.F. ME HELATORISS J.F. J.F. J.F. J.F. J.F. J.F. J.F. J.	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeter have of registered sept OFFICE AS AN DORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607-0505, Francia Statu idan the or septimate ID DIRECTORS DELETE DELETE DELETE	13. 1 1 THE 1 2 NAME 1 3 STREE 2 2 NAME 2 3 STREE 3 2 NAME 3 3 STREE 4 2 NAME 4 1 STREE 4 2 NAME 4 STREE 5 2 NAME 5 3 STREE 5 STREE 5 STREE 6	ET ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	registered DIRECTO Change Change Change	Addition Addition
Or registers familiar wat familiar wat familiar wat familiar wat familiar wat familiar wat familiar fa	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeter have of registered sept OFFICE AS AN DORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607-0505, Francia Statu idan the or septimate ID DIRECTORS DELETE DELETE DELETE	13. 1 1 TILLE 1 2 NAME 1 3 STREE 2 1 TILLE 2 2 NAME 2 3 STREE 2 4 CITY 3 1 TILLE 3 2 NAME 3 4 CITY 4 1 TILLE 4 2 NAME 4 4 CITY 5 1 TILLE 5 3 STREE 5 3 STREE	ET ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	registered DIRECTO Change Change Change	Addition Addition
Or registers familian wat proposed to the prop	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeter have of registered sept OFFICE AS AN DORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607-0505, Francia Statu idan the or septimate ID DIRECTORS DELETE DELETE DELETE	13. 1 1 THE 1 2 NAME 1 3 STREE 2 2 NAME 2 3 STREE 3 2 NAME 3 3 STREE 4 2 NAME 4 1 STREE 4 2 NAME 4 STREE 5 2 NAME 5 3 STREE 5 STREE 5 STREE 6	POVATION'S I	board of directors. Thereby accept	the appo	DATE CERS AND	registered DIRECTO Change Change Change	Addition Addition
Or registers familiar with present and are seen at orders. LEF same that orders for strong seen at orders. LEF same that orders for strong familiar to strong seen at orders. LEF same that orders for strong familiar to s	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeter have of registered sept OFFICE AS AN DORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607,0505, Francia Statu Januari tree	13. 1 1 Title 1 2 NAME 1 3 STREE 2 2 NAME 2 3 STREE 2 3 NAME 3 1 TITLE 3 2 NAME 4 CITY- 4 1 TITLE 4 2 NAME 4 2 NAME 4 2 NAME 5 3 STREE 5 2 NAME 5 3 STREE 5 3 CITY- 5 STREE 5 3 CITY-	EL ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	registered DIRECTO Change Change Change Change	Addition Addition Addition
or registeri familiar wit SiGNATURE	ed agent, or both, in the State of Flor In, and accept the obligations of, Soc Signature transformeter have of registered sept OFFICE AS AN DORGENSON, KATHY 5573 N.W. 80TH TERRACE	ida Such change was authorion 607,0505, Francia Statu Januari tree	13. 1 1 TILE 1 2 NAME 1 3 STREE 2 1 TILE 2 2 NAME 2 3 STREE 2 4 CITY 3 1 TILE 4 2 NAME 4 3 STREE 4 2 NAME 4 3 STREE 5 3 STREE 5 1 TILE 5 2 NAME 5 1 TILE 5 2 NAME 6 1 TILE 6 2 NAME 6 2 NAME	EL ADDRESS -ST-ZIP	board of directors. Thereby accept	the appo	DATE CERS AND	registered DIRECTO Change Change Change Change	Addition Addition Addition

SIGNATURE:

GNATURE AND TYPPHOR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

305-753 - 6693 Daytine Photo #