

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000072243 (5)
1. Corporation Name

RAINBOW FOUNDATION, INC.

Principal Place of Business

5573 N.W. 80TH TERRACE
PARKLAND FL 33067

Mailing Address

5573 N.W. 80TH TERRACE
PARKLAND FL 33067-1164

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1300 E Hillsboro Blvd		26 1300 E Hillsboro Blvd		09/19/1995		02/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 #205		27 #205		65-0608077		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Deerfield Beach, FL		28 Deerfield Beach, FL		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 33441		29 33441		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JORGENSEN, KATHY
5573 N.W. 80TH TERRACE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name
Calvin Schnaper
82 Street Address (P.O. Box Number is Not Acceptable)
6924 NW 6th St
83
84 City
Margate
85 Zip Code
FL 33065

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)

6/19/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JORGENSEN, KATHY			1.2 NAME	Rich, Howard		
STREET ADDRESS	5573 N.W. 80TH TERRACE			1.3 STREET ADDRESS	1742 W. Hillsboro Blvd		
CITY-ST-ZIP	PARKLAND FL			1.4 CITY-ST-ZIP	Deerfield Beach FL 33442		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	Goldman, Howard		
STREET ADDRESS				2.3 STREET ADDRESS	32323 Lakeside		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Beverly Hills, ME 48025		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/30/97 (954)

[Signature]

CR2E034 (9/96)