

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #P95000073077

1. Corporation Name

ITF Rainbow Productions, Inc

Principal Place of Business

1885 NE 149th Street  
N. Miami, FL 33181

Mailing Address

8528 Windsor Drive  
Miramar, FL 33025

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

Joel Piotrkowski, ESQ  
317 71st Street  
Miami Beach, FL 33141

81 Name

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

83

84 City

FL 85 Zip Code

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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Joan Wexo  
8258 Windsor Drive  
Miramar, FL 33025

12 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Richard O. Wexo  
8528 Windsor Drive  
Miramar, FL 33025

13 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Glenn R. Wexo  
1885 NE 149th Street  
N. Miami, FL 33181

14 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP

15 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP

16 TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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\*\*\*\*908.75 \*\*\*\*908.75

[ ] Change [ ] Addition

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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 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, with all other like empowered

SIGNATURE: Joan Wexo President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc

(954) 431-2347

CR2E034 (11/98)