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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P95000093475 (8)

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RAINROW	COMMU	PACIFICATIONS	GED//ICEG	INC

Principal Place	of Business	Mailing Address			4 0 1 0 0 0 0 0 0 0
712 MAGNOLIA DRIVE		712 MAGNOLIA DRIVE LAKE PARK FL 33403			
				3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address			Applied For
21 712 MAGNOLIA DRIVE Suite Apt. #, etc.			26 712 MAGNOLIA DRIVE		Not Applicable
City & State		Suite, Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LAKE	PARK, FL 13-11	City & State LAKE PARK,	Ţ	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zp 24 3340	Country 13 PALM BE	EACH 29 33403	Gountry 30 PALM BEAC	8. This corporation has liability for	
24 5540	9. Name and Address of (30 FALIT DEAL		s 😾 No
		- I I I I I I I I I I I I I I I I I I I	81 Name	10. Name and Address of New I	registered Agent
WHICHA	M, DOROTHY		DO:	ROTHY J. WHIGHAM	
	GNOLIA DRIVE		82 Street	Address (P.O. Box Number is Not Acceptate MAGNOLIA DRIVE	ble)
	RK FL 33403		83	PAGOLIA MIVE	
-	**** * E 99790				
ŧ			84 City	AVE DADU	FL 85 Zip Code 33403
11. Pursuant t	o the provisions of Sections 60	7.0592 and 607.1508. Florida Statute	a the above sowned -	AKE PARK orporation submits this statement for the pu	
or register	od agont, or bour, in the state (of Florida. Such change was authorize f, Section 607.0505. Florida Statutes.	ed by the corporation's	orporation submits this statement for the pil board of directors. I hereby accept the app	pointment as registered agent. Lam
SIGNATURE	in, and docopi the obligations of	i, Section 607,0005, Fightia Statutes.			
SIGNATURE _	Signature, typed or printed name of register	ed agent and too Fay plicable (NOT	for Big Vered Agrid signature	required when reinstating?	DATE
12.	OFFICER	RS AND D/RECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE		Change Addition
NAME	WHIGHAM, DOROTHY		1.2 NAME		
STREET ADDRESS	1712 MAGNOLIA DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CITY - ST - 7IP		
THTLE	D	⊠ DELETE	2 1 DITLE 10 mg	VICE PRESIDENT	Change Addition
NAME	ROMP, CHARLES H		2.2 NAME	JANET L. WHITEHOUSE	
STREET ADDRESS	1712 MAGNOLIA DRIVE		2.3 STREET ADDRESS	712 MAGNOLIA DRIVE	
CITY - ST - ZIP	LAKE PARK FL 33403		2 4 CITY - ST - ZIP	LAKE PARK, FL 33403	
TITLE		☐ DELETE	3 1 TITLE	12 33:03	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELFTE	4 1 DTcE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.0-TY - ST - ZiF		
TITLE		DELETE	5 1 TiTLE		Change Addition
NAME		_	5.2 NAME		Lad Stronger Lad recenture
STREET ADDRESS			5.3 STREET ADDRESS	!	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 111111		Change Addition
NAME		_	6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY OF 140			a source i Apput 22		

14. Ido hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed; an organ at adminish with an address.

SIGNATURE:

Usignature AND TYPE OR PRINTED NAME OF BENING OFFICER OR DIRECTOR

14/12/96

4/12/96

4/12/96

4/12/96

4/12/96

Day/file Priore if

407-863-9234