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 # P95000093475 (8)

RAINBOW COMMUNICATIONS SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



712 MAGNOLIA LAKE PARK FI			12 MAGNOLIA DRIVE AKE PARK FL 33403-200	09								
	e of Business 2a. Mading Address						3. Date Incorporated or Qualified 12/07/1995				eporl	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	1 '!	Ĺ		plied For	
21		26					65-0625349					
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23		28	City & State				Election Campaign Financing Trust Fund Contribution					
Zip	Country 25	29	Zip	Country 30			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
571	9, Name and Address of Curren		stered Agent	130	1	·	10. Name and Address of New Reg	•				
DOF	ROTHY J. WHIGHAM	-			81	Name			<u> </u>			
	MAGNOLIA DRIVE				82	Ctroot Add	trees (F.O. Pou Number is blat Assessed	<u> </u>				
LAKE PARK FL 33403						Sheet yaa	ddress (P.O. Box Number is Not Acceptable)					
					83			 -			····	
					84	City		·····	RE I	Zin (Code	
		····	·			'			1 1	,		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obligations.	e and 6 of Florid Ilions of	da, Such change was If, Section 607.0505, Fl	tes, the a authorize Iorida Sta	bove d by tutes	e-named cor y the corpora s.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of o	\$5.00 May Be Added to Fees Ingible tax under s. 199.032, iss No ered Agent Research No ered Agent No ered Agent			
SIGNATURE												
12.	Signature, typed or printed name of registered ager OFFICERS AND			IL: Registere	d Age	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO DEFICE	DATE ERS AND	NIDEO	TOB	C IN 12	
TITLE	D	CHILC	DELETE	1.1 14	11 F	1	ADDITIONS/CHANGES TO OFFICE					
NAME	WHIGHAM, DOROTHY		_	1.2 N		ļ		•				
STREET ADDRESS	1712 MAGNOLIA DRIVE			1.3 5	TRECT	ADDRESS						
CITY-ST-ZIP	LAKE PARK FL 33403					67 - Z IP						
TITLE	VP		DELE16	2.1 TI]	Cha	ange	Addition	
NAME	WHITEHOUSE, JANET L.			2.2 N	AME							
STREET ADDRESS	712 MAGNOLIA DRIVE			2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	LAKE PARK FL			2.40	HY-5	S1 - 7IP						
TITLE			☐ DELETE	3.1 TI	TLE			[Cha	ange	Addition	
NAME				3.2 N	AME							
STREET ADDRESS						ADDRESS						
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TITLE			L_J DELETE	4111				ł	Una	ange	Addition	
NAME CERCET APPROPRIE				4 2 N		1000507						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE	4 4 C		51 - ZIP		г	Tibe	inge	åddition	
NAME			La Detere	5.1 II				ι		∗.nle	المالية الت	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						T-ZIP						
TITLE			☐ DELETE	6.1 TI		1 - 41F		Т	Cha	ange	Addition	
NAME				6.2 N/				•		v.		
STREET ADDRESS						ADDRESS						
CHTV_CT_7ID						7.70						

4. 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.

appears in block 12 of block 13 if changed, of of all attachment with arrandices

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