

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # P96000036120

1. Corporation Name RAINBOW ICE CREAM PARLOR, INC.

Principal Place of Business 15201 N. CLEVELAND AVENUE UNIT 925 NORTH FORT MYERS FL 33903

Mailing Address 15201 N. CLEVELAND AVENUE UNIT 925 NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1996

4. FEI Number 65-0663620 Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.

2a. Mailing Address 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

7. This corporation owes the current year intangible Personal Property Yes No

24 25

29 30

B. Name and Address of Current Registered Agent

WINER, STEVEN I 12600 UNIVERSITY DRIVE SUITE 600 FORT MYERS FL FL339-06

10. Name and Address of New Registered Agent

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. 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 renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP. Rows for FARR, GEORGE A and FARR, LUCY M.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-STATE-ZIP. Includes checkboxes for Change and Addition.

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date July 1-99 Daytime Phone # [Number]

CR2E034 (5/99)

July 16, 1999

DEAR MR TOWER,

I'm hoping you can resolve this matter for me.

Today I received this letter stating I owed four hundred dollars for a late fee. I do NOT FEEL I owe any more than the one hundred & fifty dollars I sent. when I received my first bill which was stamped second notice, I called and explained - this was the only bill I had received. I was told to send my check of one hundred & fifty dollars with a letter explaining this was the only bill I received which is what I did. my bills ARE ALWAYS payed when received. why would I want to pay four hundred dollars for a late fee when my bill was one hundred & fifty?