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

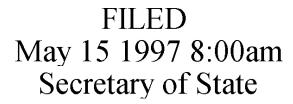
DOCUMENT # P96000037951 (6)

RAINBOW DESTINATIONS, INC.

Principal Place of Business

Mailing Address

715 20TH STREET, UNIT 105 VERO BEACH FL 32960 715 20TH STREET, UNIT 105 VERO BEACH EL 32980-5458





ACUO DENOU LE 25900		TENO DENON PL 3280	U-3430				
					3. Date Incorporated or Qualified 04/29/1996	3a. Date of Las	l Report
2. Principal Place of Busin	2a. Mailing Address			4. FEI Number) ——	Applied For	
21 //280 C.R. 507		26 11280 C.R.507					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23 FELLSMERE	FELLSMERE, FLORDIA		ed, Fio	<u> LDIA</u>	Trust Fund Contribution	☐ Adde	d to Fees
24 32448	25 INDIAN RIVE	29 329 48	Countr	w Rive	8. This corporation has liability for Florida Statutes	rintangible tax unde ☐ Yes	r s. 199.032,
	and Address of Currer	7 mm - 1	0044604		10. Name and Address of New R		
LAWRYK, TOB 713 20TH STR VERO BEACH	EET, UNIT 105		81	Street Add	ICHAEL M. LAI tress (P.O. Box Number Is Not Accepte C. C. C. S. J.	NRYK ble)	
			84	City	7/1. San 40 at		ip Code
11. Pursuant to the provis	ions of Sections 607.050	02 and 607.1508, Florida Sta	alutes, the abov	re-named cor	poration submits this statement for the	purpose of changing	g its registered
office or registered ag agent. Lam familier w	jent, or both, in the State th, and accept the oblig	e of Florida. Such change w Mons of, Section 607,0598	as authorized b , Florida Statute	y the corpora	ation's board of directors. I hereby acce	pt the appointment	as registered
SIGNATURE	1/19	25			5	1-28-9	
	OFFICERS AN	ent and title if applicable (ID DIRECTORS	NOTE: Registered Ac	eni signalure requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECT	ORS IN 12
	J.D.C.M	DELETE	1.1 TITLE	P	VIT, S.D.E.M	Chang	
1 -	•		1.2 NAME		KHAGL M. LAWRYK		
STHEEL ADDRESS 1742 4	J. LAWRYK KIRKLAND RI	a		8-0	280 C.A. 607		
DITY-SI-ZIP MONT	ANDE, PL. 3	J756	1.4 CITY -		PLLEMORE, PL. 3294	8	
1/4/		DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME		•	2.2 NAME				
STHEET ADDRESS			2.3 STREE	T ADDRESS			
CHY-ST-72			2. 4 CITY-	-ST-ZIP			
THE		DELETE	3.1 TITLE			Chang	e [_] Addition
NAME			3.2 NAME			•	
STREET ADDRESS				T ADDRESS			
CITY - \$1 - 749	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY-	ST-ZIP		Chang	e Addition
DILE		☐ DETEM	4.1 TITLE			Chang	s T Vooriou
NAME			4. 2 NAME				
STREET ADORESS				T ADDRESS			
THE		DELETE	4.4 CITY- 5.1 TITLE	51-ZIP		Chano	e Addition
		L. DELETE				La cially	Addition
NAME CIDELL MOODLE			5.2 NAME			ስ ስ ስ	ちいく
SPREET ADORESS				T ADDRESS			7117
CHY 51 ZF		DELETE	5.4 CITY- 6.1 TITLE	31-ZIP		Chang	e Addition
NAM:		<u> </u>	6.1 THEE		80000219		V En Padition
				T ADDRESS	-05/27/97011	35020	
STREET ADDRESS					***165.00	THE PART OF THE PA	ļ
(ITY \$1.7a)	the information a mulia	d with this filing dose not a	64 CITY-	ST-ZIP		aa lifushar aastifush	at the

14. I do heretry 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 AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

4-28-97

561-571-8267