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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037951 (6)

1. Corporation Name

RAINBOW DESTINATIONS, INC.



Principal Place of Business
715 20TH STREET, UNIT 105
VERO BEACH FL 32960

Mailing Address
715 20TH STREET, UNIT 105
VERO BEACH FL 32960-5458

3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 11280 C.R. 507
Suite, Apt. #, etc.

2a. Mailing Address

26 11280 C.R. 507
Suite, Apt. #, etc.

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

23 FELLSMORE, FLORIDA
Zip Country

27 City & State

28 FELLSMORE, FLORIDA
Zip Country

24 32948

25 INDIAN RIVER

29 32948

30 INDIAN RIVER

9. Name and Address of Current Registered Agent

LAWRYK, TOBEY J
715 20TH STREET, UNIT 105
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
MICHAEL M. LAWRYK

82 Street Address (P.O. Box Number Is Not Acceptable)
11280 C.R. 507

83

84 City
FELLSMORE FL 85 Zip Code
32948

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 607.0506, Florida Statutes.

SIGNATURE

Michael M. Lawryk

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE
P,V,T,S,D,C,M ☒ DELETE
NAME
TOBEY J. LAWRYK
STREET ADDRESS
17624 KIRKLAND RD.
CITY-ST-ZIP
MONTVERDE, FL. 34756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P,V,T,S,D,C,M ☒ Change ☐ Addition
1.2 NAME
MICHAEL M. LAWRYK
1.3 STREET ADDRESS
11280 C.R. 507
1.4 CITY-ST-ZIP
FELLSMORE, FL. 32948

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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.

SIGNATURE:

Michael M. Lawryk MICHAEL M. LAWRYK

4-28-97

561-571-8267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)