

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000048225 (2)**  
 1. Corporation Name  
**RAINBOW SKIES, INC.**



Principal Place of Business <del>55 IRONWOOD WAY</del> <del>PALM BEACH GARDENS FL 33418</del>	Mailing Address <b>55 IRONWOOD WAY</b> <b>PALM BEACH GARDENS FL 33418</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 105 FAIRVIEW EAST</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 PO BOX 3553</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 TEQUESTA, FL</b> Zip Country <b>24 33469 25 USA</b>	City & State <b>28 TEQUESTA, FL</b> Zip Country <b>29 33469 30 US</b>

3. Date Incorporated or Qualified <b>06/03/1996</b>	
4. FEI Number <b>59-3430344</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CLARK, DOUGLAS E SR.**  
~~55 IRONWOOD WAY~~  
~~PALM BEACH GARDENS FL 33418~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>105 FAIRVIEW EAST</b>	
83	
84 City <b>TEQUESTA</b>	85 Zip Code <b>FL 33469</b>

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 *Douglas E Clark Sr.* DATE **4/4/98**  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, DOUGLAS</b>	1.2 NAME	
STREET ADDRESS	<del>55 IRONWOOD WAY</del>	1.3 STREET ADDRESS	<b>CLARK, DOUGLAS</b>
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL</del>	1.4 CITY-ST-ZIP	<b>105 FAIRVIEW EAST</b>
TITLE	<b>ST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, NANCY</b>	2.2 NAME	
STREET ADDRESS	<del>55 IRONWOOD WAY</del>	2.3 STREET ADDRESS	<b>NANCY JOHNSON-CLARK</b>
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL</del>	2.4 CITY-ST-ZIP	<b>105 FAIRVIEW EAST</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 its 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: *Douglas E Clark Sr.* DATE: **4/4/98** 561-744-9696

CP2E034 (10/97)