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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000050470 1. Corporation Name

RAIN & SHINE, INC.

Principal Place of Business

Mailing Address

336 LA PAZ DRIVE KISSIMMEE FL 34743

336 LA PAZ DRIVE KISSIMMEE FL 34743

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90007 040 ***150.00



	•				3. Date Incorporated or Qualifed	7		
					06/10/1996		•	
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number		Appl	ied For
	Dusiness	26			59-3390826	-	Not /	Applicable
21		Suite, Apt. #, etc.				\$	8.75 Ad	Iditional
Suite, Apt. #, etc.		⊢ '''			5. Certifcate of Status Desired		Fee Req	uired
22		City & State			6. Election Campaign Financing		\$5.00 N	lav Be
City & State		⊢ ' '			Trust Fund Contribution		Added to	
23		28	Coul	nto.	8. This corporation owes the current	t voor Intandi		
Zip	Country	Zip	<u> </u>	iluy	Personal Property Tax.		Yes [∃No
24	25	29	30	<u> </u>	10. Name and Address of New Re			
9.	Name and Address of Current			81 Name	10. Name and Address of New Yor	gioterearing		
	PHRANI	A. A		oi Name				
ELBAZ, A	BERLA			82 Street Add	ress (P.O. Box Number is Not Acceptable	le)		
336 LA P/	NZ DRIVE	•			A SA		1 7 7 1 1 1 1 1 1	S. 46 (6)
KISSIMME	E FL 34743			83	· · · · · · · · · · · · · · · · · · ·	11		
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	44					FLI		
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agent. I am fam	itiar with, and accept the obligat	lions of, Section 607.0505, F	onua siau	utes.		DATE		·
Signatu	re, typed or printed name of registered agent	t and 110 tropping		Agent signature require	ADDITIONS/CHANGES TO OFFI		VIRECTOR	S IN 12
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		Change	Addition
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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 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, with all other like empowered.

SIGNATURE: