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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P96000056446 (3)

1. Corporation Name

RAINBOW GRASS INC.

Principal Place of Business

17564 STATE RD #7
BOCA RATON FL 33498

Mailing Address

17564 STATE RD #7
BOCA RATON FL 33498

3. Date Incorporated or Qualified

07/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

22

City & State

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City & State

23

Zip

Country

28

Zip

Country

24

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9. Name and Address of Current Registered Agent

PERRY, MARK A
17564 STATE RD #7
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

Thomas Plummer

82 Street Address (P.O. Box Number is Not Applicable)

17564 State Road 7

83

84

City Boca Raton

FL

85

Zip Code 33498

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

Thomas Plummer - Secretary/Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ALDERMAN, JAMES
STREET ADDRESS P O BOX 568 N/A
CITY-ST-ZIP DELRAY BEACH FL

TITLE STD ☐ DELETE

NAME PLUMMER, THOMAS
STREET ADDRESS 17564 STATE RD #7
CITY-ST-ZIP BOCA RATON FL 33498

TITLE VD ☐ DELETE

NAME BROWN, SCOTT
STREET ADDRESS P O BOX 568 N/A
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ DELETE

NAME PLUMMER, JEROME
STREET ADDRESS 17564 STATE RD #7
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

561-482-1401

Daytime Phone #

0523069

CR2E034 (9/96)